

# Calvary Lutheran Preschool

## My Tot and Me Program

730 South New Street  
West Chester, PA 19382

[calvarypreschoolwc@gmail.com](mailto:calvarypreschoolwc@gmail.com)

610-696-3427

## Registration Form

Child's Name \_\_\_\_\_  
(first) (middle) (last)

Preferred Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Adult who will attend "My Tot and Me" program with child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Special Needs \_\_\_\_\_

(includes allergies, disabilities, fears, habits, family situations; use reverse side if needed)

Are there any siblings\* attending with the Tot and Me student? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Siblings under 12 months of age are free

**Alternate Emergency Contacts** (parents listed above will be contacted first):

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Which "Tot and Me" session are you registering for? Please circle:

6 week sessions meet weekly on Thursdays, from 10:00-11:00am

Fall 1 (9/21-10/26) Fall 2 (11/2-12/14-no class on 11/23) Winter 1 (1/4-2/8)

Winter 2 (2/15-3/21) Spring 1 (4/4-5/9)

Comments: \_\_\_\_\_

I give my permission for photographs or video clips of my child engaged in aspects of Calvary Lutheran Preschool educational program to be used for advertising or marketing, or to be shared with the Calvary Lutheran Church or Preschool Community.  Do Consent  Do Not Consent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Cost- \$75.00/one child for the full 6 week session, sibling rate of \$102.00 for two children for the full 6 week session, paid at the time of registration. *Checks should be made payable to Calvary Lutheran Preschool*, and sent to the address above to the attention of Heather Truitt.