

Mt. Calvary Pre-Kindergarten School
 2055 S. Franklin Street Road
 Decatur, IL 62521
 (217)428-0641

Application for Admission

General Information

Date of Application	
Student's Name	
Preschool Class	
Sex	
Birthdate (mm/dd/yy)	
Student's Nickname, if any	
Student's Address	
City/State/Zip	
Place of Birth	

Parents' Information

Mother's Name/Address			
Father's Name/Address			
Mother's Spouse (if other than father)			
Father's Spouse (if other than mother)			
Marital Status			
Mother's Occupation & Business Address/Phone			
Father's Occupation & Business Address/Phone			
Mother's Contact Information	Home	Cell	Email
Father's Contact Information	Home	Cell	Email

Siblings

Names of Brothers	Age

Names of Sisters	Age

General Questions

Pets	
Parents' Religious Affiliation	
Name of Church or Pastor	
Is Child attending Sunday School?	
Is Child Baptized? Year?	Year
Has Child previously attended day care or nursery school?	Name & Address
Can your child use scissors?	
Can your child print their own name?	
Can your child go to the bathroom alone?	
Does your child have any special needs or anything else we should know about your child?	
How did you hear about Mt. Calvary? (Check all that apply)	Sign at church Friend Family Facebook Advertising Other:

Office

A NON-REFUNDABLE deposit fee of \$_____ is enclosed with this registration to ensure an available spot in the class.
Yearly tuition fee of \$_____, payable in monthly installments of \$_____ is to be paid on the first day of class every month, beginning with September and ending in May.
Late charges of \$10.00 will be added to payments received after the 5 th of the month. An additional \$10.00 fee will apply to all returned checks.
Parent/Guardian Initials:
PARENT/GUARDIAN SIGNATURE
Date of Discharge and Reason for Discharge:

Medical Report and Illness

<p>A Medical Report form must also be on file, signed by a qualified physician, before the child begins school. If you do not have this medical form, please contact the church office to obtain one. Children should not be sent to school with fevers, severe colds, sore throats, rashes of a contagious nature, open sores, head lice or who have vomited or had diarrhea that morning. Children showing up to class will be held in isolation until a parent or emergency contact is notified and picks up the child.</p> <p>Parent/Guardian Initials:</p>
--