

**Calvary Christian Preschool**  
 Calvary Lutheran Church  
 1009 Elizabeth Ave., Laureldale, PA 19605  
 610-929-9606      contactcalvary@verizon.net

<u>Office Use Only</u>
Date Application Received:
Date Letter Sent:
Initials:
Check #:
Cash:

## Preschool Admission Application

(Please Print Clearly)

A non-refundable \$25 registration fee must accompany this form.

Date: \_\_\_\_\_

Circle Desired Class      **Two-Day Morning**  
 (Must be age 3 as of Sept. 1 )

**Three-Day Morning**  
 (Must be age 4 as of Sept. 1)

Child's Full Name: \_\_\_\_\_

First

Middle Name

Last

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Is child toilet trained: \_\_\_\_\_ Yes      \_\_\_\_\_ No (Required to attend school.)

Name of family's church/denomination: \_\_\_\_\_

Names and birthdates of siblings: \_\_\_\_\_

\_\_\_\_\_

Language spoken in the home? \_\_\_\_\_

Name of kindergarten child will attend: \_\_\_\_\_

Has your child attended any other Preschool? \_\_\_\_\_

How did you find out about our Preschool? \_\_\_\_\_

**Child Profile**  
(Please print clearly)

Child's Name \_\_\_\_\_

In order for us to evaluate if our preschool program will best meet your child's needs, please complete the following and submit it with your child's application. Thank you.

Does your child have a history of any of the following conditions? If so, please explain the type of treatment.

Yes	No	Explanation/ Reactions
_____	_____	ADD/ADHD _____
_____	_____	Asthma _____
_____	_____	Diabetes _____
_____	_____	Visual Difficulties _____
_____	_____	Hearing Difficulties _____
_____	_____	Speech Impediments _____
_____	_____	Headaches/Migraines _____
_____	_____	Food/Drug Allergy _____
_____	_____	Bee Sting Allergy _____
_____	_____	Seizure Disorder _____
_____	_____	Condition limiting Physical Ed. _____
_____	_____	Other chronic or recurrent condition _____
_____	_____	Presently taking medication—which one (s)? _____
		_____

Reason for medication:

Therapies (speech, physical, occupational)

Educational Services

Therapeutic (TSS) Support

I give my permission to share necessary information with appropriate staff who work directly with my child in the interest of his/her health, safety and welfare.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Calvary Christian Preschool  
Calvary Lutheran Church, Laureldale, PA

EMERGENCY FORM

Child's Name: \_\_\_\_\_

In the event your child is injured and requires immediate emergency treatment,  
please indicate your preference of physician and hospital.

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

ID Number: \_\_\_\_\_

Does your child have any allergies?    \_\_\_ Yes    \_\_\_ No

If Yes, please indicate which ones: \_\_\_\_\_

\_\_\_\_\_

**PERMISSION TO RECEIVE EMERGENCY MEDICAL TREATMENT**

I give permission for the school staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent or guardian through any of the persons listed on the emergency information form.
4. If we cannot contact you or your child's physician, we will do any and all of the following: (a) call another physician; (b) call an ambulance; (c) have the child taken to an emergency room in the company of a staff member.
5. Any expenses incurred under number 4 above, will be paid by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(parent or guardian)*

**OTHER PERMISSIONS**

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I give permission for my child to use all of the play equipment and participate in all school activities.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I give permission for my child to be included in evaluations and pictures connected with the school program.                |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(parent or guardian)*

## School Year Student Contact Information

(Please print clearly)

**Student Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student resides with: (Circle one)**

Both Parents      Mother Only      Father Only      Joint Custody      Other

(If other, explain) \_\_\_\_\_

Please check( ✓ ) the number at which you can most likely be reached

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other than parent(s), student may be picked up by: (List name and phone number)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts (must be available during Preschool hours)**

In addition to the parent/guardian, list three emergency contacts in the order in which they are to be contacted

**Emergency Contact:** Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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