



CALVARY CHRISTIAN ACADEMY & PRESCHOOL 2016-2017 EXTENDED CARE ENROLLMENT FORM

| | | |
|----------------|---------------|------------|
| Student's Name | Grade/Teacher | Home Phone |
|----------------|---------------|------------|

| | |
|------------|------------------------------|
| Birth Date | Physical Defects/Limitations |
|------------|------------------------------|

| | | | |
|---------------|----------|--------|--------|
| Father's Name | Employer | Work # | Cell # |
|---------------|----------|--------|--------|

| | | | |
|---------------|----------|--------|--------|
| Mother's Name | Employer | Work # | Cell # |
|---------------|----------|--------|--------|

If parents are separated or divorced, with whom does the child live? _____

Person(s) authorized to pick up my child other than those listed above:

| Name | Relationship | Name | Relationship |
|------|--------------|------|--------------|
|------|--------------|------|--------------|

If an emergency and parents cannot be reached, contact:

| | | |
|------|--------------|--------|
| Name | Relationship | Phone# |
|------|--------------|--------|