



# CALVARY CHRISTIAN ACADEMY & PRESCHOOL 2018-2019 EXTENDED CARE ENROLLMENT FORM

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Student's Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Home Phone \_\_\_\_\_

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Birth Date \_\_\_\_\_ Physical Defects/Limitations \_\_\_\_\_

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Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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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
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If an emergency and parents cannot be reached, contact:

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Name	Relationship	Phone#
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*Please check which one applies:*

\_\_\_\_\_ AM & PM Extended Care will be used

\_\_\_\_\_ AM Extended Care will be used

\_\_\_\_\_ PM Extended Care will be used

**NOTE: Step Up, Gardiner and McKay Scholarships do NOT cover Extended Care**