



CALVARY CHRISTIAN ACADEMY & PRESCHOOL 2026-2027 EXTENDED CARE ENROLLMENT FORM

Student's Name _____ Grade/Teacher _____ Home Phone _____

Birth Date _____ **Allergies / Physical 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# |
|------|--------------|--------|
| | | |
| | | |
| | | |
| | | |

Please check which one applies:

_____ AM Extended Care will be used _____ PM Extended Care will be used
_____ AM & PM Extended Care will be used

It is the parent's responsibility to notify the office of any changes to the above information.

OFFICE USE ONLY

___ copy to ext care
___ added to log
___ added to billing
___ welcome letter
___ notify teacher