



# CALVARY CHRISTIAN ACADEMY & PRESCHOOL 2025-2026 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   |