



CALVARY CHRISTIAN ACADEMY & PRESCHOOL EXTENDED CARE ENROLLMENT FORM

_____ Date

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#

Please check which one applies:

_____ AM Extended Care will be used

_____ PM Extended Care will be used

_____ AM & PM Extended Care will be used