

Calvary Christian Academy

2010-2011 School Year Registration Form

Location: Calvary Baptist Church, 3332 Colby Avenue, Everett, WA 98201
425-259-1277 Fax: 425-258-0736 e-mail: calvarybaptistchurch@verizon.net
Website: www.cbceverett.org Directors Jeanene & Melanie Lorey @425-205-9023
Email directors: JeaneneLorey@msn.com

Child's Name: _____
(Last) (Preferred Class First Name)

Parent(s)/Guardian Name: _____

Birth Date: _____ Sex: M F SSN: _____
(Month) (Day) (Year)

Child's Home Address: _____
(Zip Code)

Child's Home Phone: _____

Child's Physician _____ Phone: _____

Person(s) Authorized to Pick Up Your Child (ID required) _____

Person(s) NOT Authorized to Pick Up Your Child _____

In Case of Emergency, contact: _____
(Name) (Phone)
Relationship to Child _____

PARENTS' INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Work Phone: _____

Cell Phone#: _____ Cell Phone#: _____

Signature(s) of Legal Guardian(s): _____

E-Mail of Legal Guardian(s): _____

Other Persons In the Home:

Name: _____ Age: _____ Relationship to Child: _____

Name: _____ Age: _____ Relationship to Child: _____

Name: _____ Age: _____ Relationship to Child: _____

Church Affiliation: _____

Medical Information

Does your child have health problems that we should be aware of? _____

Are there any special medical, physical, behavioral or emotional needs that the staff should be aware of? Please provide detailed diagnosis or ongoing treatment information for any special needs. We will work with any child specialist if deemed helpful.

Does your child take any regular medications? _____

Does your child have frequent colds? ____ Earaches? ____ Sore Throats? ____ Asthma? ____

Stomach Aches? ____ Chronic Fatigue? ____ Other? _____

Does your child have any allergies (food, chemical, or pet)? _____

Are there any food or drinks that your child should NOT have? _____

Please circle items below that describe your child:

Happy	Aggressive	Friendly	Moody	Active	Shy/quiet
Dependent	Attentive	Good-natured	Even-tempered	Sympathetic	Creative
Sensitive	Musical	Highly	Verbal		Other (list below)

About your child...

Do you have any concerns about any aspect of your child's development? YES (Explain) NO

What are your child's favorite activities? _____

Has your child had group play experience? Explain. _____

Does your child have special fears? _____

What time does your child usually go to bed at night? _____

What does your child usually eat for breakfast? _____

How much television/video media does your child generally watch each day? _____

What is the method of behavior control used in your home with your child? _____

Additional information you feel will assist us in meeting the needs of your child:

Please list 2 other local people who can be notified in an emergency in the event that you cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please provide, if possible, an out-of-state contact in case of a natural disaster:

Name _____ Phone _____ Relationship _____

TUITION AND FEES

A non-refundable **registration fee of \$100** per family should be included with completed registration form(s). Make checks payable to **CALVARY BAPTIST CHURCH**. Tuition payments are due on the first class day of each month but no later than the 10th. Prepayment is also accepted.

Please indicate the class/days for which you are registering your child:

_____ **First/Second Grades** 5 days = \$350 per month (8:30-2:15)

_____ **Morning Kindergarten** 5 days = \$300 per month (FREE Lunch Bunch)

_____ **Pre-Kindergarten/Preschool AM** (Available Mon-Fri 8:30-11:45, 10 month school year)

For part time, **circle the days your child will attend:** M T W Th F

2/3/4/5 days = \$120/180/240/300 per month. (\$15.00 per day x average 4 week month)

For Pre-K, we recommend 4-5 days per week and REQUIRE at least 3 days.

We require at least 2 days per week for beginning Preschoolers.

Individual developmental stage will be assessed.

All children enrolling as Pre-K should turn 4 prior to September 1.

All children enrolling as Preschooler should turn 3 prior to September 1.

Younger children may enroll if somewhat independent in communicating personal needs and ready to interact within a group setting.

A child must be toilet trained prior to entering any class.

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AGREEMENTS

- 1) The Calvary Christian Academy Staff agrees to notify the responsible party whenever the **child becomes ill**, and the responsible party will arrange to have the child picked up as soon as possible.
- 2) ***The Parent/Guardian authorizes Calvary Christian Academy Staff to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.**
- 3) If there are any **custodial restrictions** on who may pick up your child, the proper legal documents must be on file at the school. These records will be kept confidential.
- 4) If your child is running a fever of 100+, has been nauseous, has observable rash or skin disorder which has not been previously diagnosed, or has been medically diagnosed with any communicable health problem, you will inform the staff by phone by 8:30 AM. The child cannot attend class until health safety is insured. This is particularly necessary for planning the day's activities and/or notifying other parents of possible concerns.
- 5) Please inform Staff beforehand when your child will not be attending, i.e. planned vacations, family emergencies, etc.
- 6) The parent will attach a copy of the child's updated immunization record.

Parent/Guardian Signature: _____ **Date:** _____

***Medical Release Agreement**