

CALVARY CHRISTIAN NURSERY SCHOOL

APPLICATION FORM

Child's name: _____ Birth. date: _____

Name child is usually called: _____ Sex: _____

Home address: _____

Email: _____ Phone: _____

Father's name: _____ Occupation: _____

Home address: _____

Home phone: _____ Bus. phone: _____

Mother's name: _____ Occupation: _____

Home address: _____

Home phone: _____ Bus. phone: _____ Cell phone: _____

Are you a member of Calvary Chapel of the Hudson Valley? (If no, list your church.) _____

Has your child had any previous nursery school experience? _____

Please tell us how you heard of our program: _____

Please check which program you wish for your child:

_____ 4 year old – Mon., Wed., Fri. am class (child must be 4 yrs old by December 1st of enrollment yr)

_____ 4 year old – Mon., Wed., Fri. pm class (child must be 4 yrs old by December 1st of enrollment yr)

_____ 3 year old – Tues., Thurs. am class (child must be 3 yrs old by December 1st of enrollment yr)

_____ 3 year old - Tues., Thurs. pm class (child must be 3 yrs old by December 1st of enrollment yr)

Send application and registration fee to:

Calvary Christian Nursery School Attention: Registrar

36 Firemans Way

Poughkeepsie, NY 12603

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FOR OFFICE USE: Date Received: _____ Amt. of Registration fee paid: _____