

Date rcvd. w/fee _____ cash OR check. Student file. Copy on white for teacher/aide.
Copy Explorers on green, Pre-K on gold, BgG on blue for Grab and Go & Binder.



CALVARY

BAPTIST SCHOOL

Child's name: _____

Nickname: _____

M F Birthday _____ Age: _____

Child's address: _____

Student resides with:

Both parents Mother Father Guardian

Primary Email: _____

Mother's name: _____

primary phone: _____

2^{ndary} phone: _____

Father's name: _____

primary phone: _____

2^{ndary} phone: _____

Guardian's name: _____

Relationship: _____

primary phone: _____

2^{ndary} phone: _____

Church affiliation: _____

Has your child ever been enrolled in a preschool?

If so, where and when: _____

2024-2025 Registration

Explorers (Ages 3 & 4)
Tues & Thurs, 9:00 am -11:30 am

½ Day Pre-K (Ages 4 & 5)
Mon, Wed, Fri, 9:00 am -11:30 am

Full Day Pre-K (Ages 4 & 5)
Mon, Wed, Fri until 2:30 pm
Morning session plus Lunch & Play

Kindergarten (Ages 4, 5, 6)
Mon, Wed, Fri, 9:00 am -2:30 pm

Specify medical conditions & allergies:

Emergency contacts must have transportation.

Contact #1

Name: _____

Relationship: _____

Phone: _____

Address: _____

Contact #2

Name: _____

Relationship: _____

Phone: _____

Address: _____

Continued on back

Getting to Know your Child

Interests: List your child's favorite play things and materials. _____

Pets? _____ Sports? _____

List activities your child prefers (art, music, technology, singing, dancing, drawing, etc.).

Emotional nature: Does he/she cry easily? _____

Is he/she easily excited? _____

What fears, if any, does your child have? _____

State any concerns you have in regard to your child's disposition (shyness, aggression, etc.).

How does your child communicate his/her wants? _____

Learning Style: How does your child learn (Hands-on, visual, auditory, teacher lead, small group, etc.)

Goals: What areas would you like to see your child grow in (academic, social, etc.)?

Needs: Are there special needs or circumstances to consider when working with your child in a preschool setting?

List any other educational or developmental concerns. _____

Family: Names/ages of siblings: _____

Are there custody/family issues? _____

Form completed by: _____ Date: _____

Relationship: _____ Home Phone: _____ Mobile: _____

Address: _____

Email: _____