

NEW STUDENT
Registration Form
Calvary Christian School
2011-2012

Please attach your non-refundable registration fee of \$150.00

Name	Sex M or F	Age	Birth Date	Grade To Enter	Application fee
1.					
2.					
3.					
4.					
				Total Fees Due:	

Parent/Guardian Information:

Children are living with:

- ✓ **Both parents**--both must sign this application for enrollment form.
- ✓ **One parent who has sole custody**--custodial parent must sign this registration form.
- ✓ **One parent who has joint custody**--both parents must sign this registration form.
- ✓ **Guardian**--copy of legal guardianship must be attached. All legal guardians must sign this registration form.

	Name	Address	Phone	Wk./Cell Phone
Father				
Mother				

E-mail Address: _____

Emergency Contact	Relationship	Address	Home Phone	Wk./Cell Phone

MEDICAL INSURANCE AND RELEASE FORM

We agree to be personally responsible for medical costs that our children may incur due to accidents during school time, whether in the classroom, during a school activity or on the school grounds. Initial _____

We currently carry Medical and Health Insurance with _____. Policy# _____

We currently do not carry Medical and Health Insurance for our child/ren, but we realize we are responsible for any medical costs for our children. Initial _____

____ Yes, I give Calvary Christian School permission to administer a pain reliever when my children experience headache or flu-like symptoms.

____ No, I do not give Calvary Christian School permission to administer a pain reliever.

Student	Childrens Tylenol	Adult Tylenol

Are there any medical concerns or food allergies that we need to be aware of? Please list them below: _____

Parent/Guardian's Signature _____ Date _____

