



Calvary Learning Academy Preschool

2017-2018 School Year Registration Form

Child's Name:	DOB:	Age by Aug.1:	Male/Female
Address:		City/Zip:	
Email:		Home Phone:	
Father's Name:		Cell Number:	
Employer:		Occupation:	
Mother's Name:		Cell Number:	
Employee:		Occupation:	
Emergency Contact:		Emergency Phone:	
Parent's Marital Status:		Child living with:	
Church affiliation:		Special needs or Allergies:	

Preschool Class Schedule: Please indicate your 1 st , 2 nd , and 3 rd choices in the boxes below.						
#	Jr. Pre-K: Age 3 by 8/1/2017			#	Pre-K: Age 4 by 8/1/2017	
	Mon/ Wed	9:00-11:30 am	\$95/mo		Mon/Wed/Fri	9:00-11:30 am \$135/mo
	Mon/Wed	12:30-3:00 pm	\$95/mo		Mon/Wed/Fri	12:30-3:00 pm \$135/mo
	Tues/Thurs	9:00-11:30 am	\$95/mo		Tues/Thurs	9:00-1:00 pm \$135/mo
	Tues/Thurs	12:30-3:00 pm	\$95/mo	#	Kinderskills: Age 5 by 2/1/2018	
#	3's Plus: Age 4 by 2/1/2018				Mon/Wed/Fri	9:00-1:00 pm \$190/mo
	Mon/Wed/Fri	9:00-11:30 am	\$135/mo		Tues/Thurs	9:00-3:00 pm \$190/mo
	Mon/Wed/Fri	12:30-3:00 pm	\$135/mo			

***Children must be toilet trained to attend preschool**

***A non-refundable registration fee of \$100 (\$75 for each additional child or program) must accompany this form to reserve your child's preschool placement. (Make checks payable to Calvary Learning Academy.) Please return completed forms, immunization record and registration fee to Calvary Learning Academy, 575 W. Northfield Drive, Brownsburg, IN 46112.**

For additional questions, please contact Lori Wilcoxson, Preschool Director, at (317) 852-2594 or lwilcoxson@calvaryunited.org. More information can be found on our website at calvaryunited.org/academy.

When your registration is complete you will receive a confirmation email.

*****OFFICE USE ONLY*****

Class assignment _____ Lottery # _____ Reg \$ _____ CK # _____ Med _____

You must turn in an immunization record to complete enrollment for your child.

Calvary Learning Academy programs requires documentation that a child is fully immunized against vaccine preventable illness unless the child’s parent or guardian can produce **physician documentation** that the child has a **medical contra-indication** to receiving specific vaccinations. (Religious and personal exemptions are not acceptable.) Your doctor can fax this information to Calvary Learning Academy (317) 852-9207, or you can attach a copy of your child’s immunization record. Once your child’s shot record is on file, you do not need to resubmit it while they are enrolled in CLA. However, if your child receives additional shots while enrolled, please submit an updated record.

*** Please check if your child already has an immunization record on file_____.**

***Please attach an immunization record if one is not on file with the Learning Academy.**

Emergency Treatment and Health Information

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission to the staff of Calvary Learning Academy to authorize such treatment. I will not hold the Church, staff or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other listed emergency contacts.

Sign if we may seek emergency medical treatment:

Parent signature_____ Date_____

Child’s Doctor_____ Hospital Preference_____

Does your child have any developmental delays or allergies? _____Yes _____No.

If yes, please list:_____

*If child has a food allergy, you will be given a **Food Allergy Action Plan** to be completed by your doctor.

Permission for Release

The Learning Academy will not release my child to anyone who is not listed on this form. I understand that by listing the following names and phone numbers, I give permission to the Learning Academy to release my child to these people.

Name_____ Phone_____

Name_____ Phone_____

Name_____ Phone_____

Name_____ Phone_____

Name_____ Phone_____

Name_____ Phone_____

Calvary Learning Academy has permission to include my contact information in a class list for parents. This class list will only be distributed to your child’s class. Yes____No____

Parent’s Signature:_____ Date_____

PLEASE FILL OUT FINANCIAL DEBIT FORM TO COMPLETE REGISTRATION

Calvary Learning Academy **REQUIRES** automatic tuition payments. If you choose to pay your child's tuition in full for the year you will not be required to fill out this form. Full tuition payment must be received by Aug. 5, 2017.

To begin, simply fill out the Automatic Debit Authorization Form.

Each month on the 5th, your tuition payment will automatically transfer from your preferred banking account into Calvary's bank account. If you do not have sufficient funds in your account to cover the withdrawal, you will receive notice of non-sufficient funds and be required to pay the tuition in cash along with a \$20 penalty. The first transfer will occur on August 5, 2017 and the last transfer will occur on May 5, 2018. You may make changes to this form any time by stopping in the office.

Tuition payment is not subject to adjustments due to illness, vacation, absences or weather closings. Yearly tuition is divided into 10 equal payments.

AUTHORIZATION FOR DIRECT TUITION PAYMENT

I authorize Calvary Learning Academy and First Merchants Bank to initiate debits from my (check one)
_____Checking _____Savings account.

This authority will remain in effect August 5, 2017 through May 5, 2018. I can stop payment of any entry by notifying my financial institution and Calvary Learning Academy 3 days before my account is charged. I understand that debits will only be processed on the 5th of each month.

A voided check must be attached to this form.

Printed Name: _____

Signature: _____

Today's Date: _____ **Date to start Debiting My Account:** _____

My Bank's Name is: _____

My Bank's Routing Transit # is: _____

(The routing number is the first 9 numbers at bottom left of your check)

My Account Number is: _____

Each account debit will be the following amounts:

Tuition (Child's Name) _____ \$ _____

Tuition (Child's Name) _____ \$ _____

Tuition (Child's Name) _____ \$ _____

Tuition (Child's Name) _____ \$ _____

Total Debit Each Month \$ _____

*If enrolling multiple children, only one debit form is needed per family/account. Please fill in the children's names and monthly tuition amount.