

CALVARY CHRISTIAN ACADEMY &  
GROWING PLACE PRESCHOOL  
5 WISNER ROAD  
WARWICK, NY 10990  
TEL.: (845) 986-5437  
FAX: (845) 986-2706

PLEASE CHECK GROUP/SESSION DESIRED: (Preschool only)  
\_\_\_\_\_ 3 Year Olds (Tuesday + Thursday)  
\_\_\_\_\_ 4 Year Olds (Monday, Wednesday + Friday)

### REGISTRATION FORM

Year of Enrollment 200\_\_ - 200\_\_ (School Year)

Entering Grade \_\_\_\_\_  
(Academy only)

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Child's Birthdate \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Birthplace: \_\_\_\_\_  
(Month) (Day) (Year) (Name of City/ Town + State)

For Students entering Kindergarten, who did not previously attend The Growing Place Preschool, and all new Students of Preschool and Academy: Please bring your Child's Birth Certificate or Passport to School Office to be copied for Student's File.

Street Address \_\_\_\_\_  
(House or Apt. #) (Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(If different from street address)

Home Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

School District (The town to which you pay school tax) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Tel. (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Tel. (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Step-Parent \_\_\_\_\_  
(if applicable)

If a custody issue exists, please inform the principal.

Does your child have any **medical problems** / **allergies** of which we should be aware? Please list:

\_\_\_\_\_

Language(s) spoken in home \_\_\_\_\_

Parents' Church Affiliation \_\_\_\_\_

Persons authorized to pick your child up from school and/or persons to be contacted in case of illness, accident, or emergency, if for some reason the parent(s) cannot be reached:

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Address) (Telephone #) Relationship
  
2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Address) (Telephone #) Relationship
  
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Address) (Telephone #) Relationship

**REGISTRATION FEE IN THE AMOUNT OF \$15.00 MUST ACCOMPANY THIS FORM, AND IT IS NON-REFUNDABLE.**

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

CALVARY CHRISTIAN ACADEMY / THE GROWING PLACE PRESCHOOL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to its students. It does not discriminate on the basis of race, color, national or ethnic origin, in administration of its educational policies, admissions policies, and scholarships.