



Enrollment Application

| | |
|---|--|
| | |
| Name: | <ul style="list-style-type: none"> • Male • Female |
| Date of Birth: | Place of Birth: |
| Address: | |
| Entering Grade (please circle one): | |
| Kindergarten 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th | |
| Age at Enrollment: | Mount Calvary T-Shirt Size: |
| | |
| Father's Name: | Occupation: |
| Phone: | E-Mail: |
| Address: | |
| Mother's Name: | Occupation: |
| Phone: | E-Mail: |
| Address: | |
| | |
| Current Church Affiliation (if any): | |
| Is your child baptized? <ul style="list-style-type: none"> • Yes • No | Interested in more about MC Church? <ul style="list-style-type: none"> • Yes • No |
| | |
| Emergency Contact Name: | |
| Phone: | Relationship: |
| Emergency Contact Name: | |
| Phone: | Relationship: |
| Emergency Contact Name: | |
| Phone: | Relationship: |

In the event of an accident or illness at school, I give consent for Mount Calvary to obtain emergency medical or dental care given under whatever conditions are necessary to preserve the well-being of the child. I understand I am responsible for the cost of care and Mount Calvary assumes no liability. I authorize Mount Calvary teachers to transport my child to the nearest medical facility for treatment.

- Yes
- Signature: _____

Allergies:
• Yes
• No

List Any Known Allergies:

Primary Physician:

Physician Phone:

Dentist:

Dentist Phone:

Insurance Policy and Number:

Photo Release:

- Yes
- No

pictures will be taken and posted in the classroom, church, website, and Facebook page

FACTS Tuition Payment:

- Yes

all families must be registered with FACTS - families can choose to pay on a 10 or 11-month payment plan.

All students are enrolled for a probationary period of one month. After 30 days, Mount Calvary reserves the right to address any problems and concerns deemed appropriate by the teacher and principal, which may lead to removal from Mount Calvary Lutheran School

I hereby acknowledge that I have been given a Parent Handbook. I have read, understand, and agree to abide by the handbook.

I also verify that the information on this enrollment application is complete and accurate.

Signature and

Date: _____

Office Use Only

Enrollment Approved By &

Date: _____

