



4001 Osuna Rd NE
Albuquerque, NM 87109

Phone: 505.344.4848

calvarychurchelementary.com

Enrollment Application

Traditional Model (M-F)

Student Information

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: ____ / ____ / ____ Age on September 1: ____ Sex: M F Grade Entering: _____

Home Church: _____

Parent/Guardian Information

Mother's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Workplace: _____ Email: _____

Father's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Workplace: _____ Email: _____

Please Check One: Parents Married Parents Divorced Single Parent

Joint Custody (Please provide legal documentation.)

How did you hear about Calvary Elementary?

Calvary Church Radio Newspaper/Magazine

Facebook Student/Family Other: _____



Statement of Faith

Calvary Elementary requires one parent/guardian to adhere to Calvary Church's Statement of Faith (found in the Parent Handbook). Are you willing to sign in agreement with it?

Yes No

If not, please explain: _____

Emergency Contact Information

Please list two people other than parents to be contacted in case of an emergency. They must live locally.

Name: _____ Relationship: _____ Phone: (____) ____ - _____

Name: _____ Relationship: _____ Phone: (____) ____ - _____

Medical Information

Doctor's Name: _____ Phone: (____) ____ - _____

Hospital Preference: _____ Phone: (____) ____ - _____

Dentist: _____ Phone: (____) ____ - _____

Any known allergies? Yes No If yes, please list allergies: _____

I give my permission for medical transport: Yes No

Medical conditions we need to be aware of: _____

Medications Used: _____



Security Information

Please list the name(s) and phone number(s) of any other person(s) allowed to pick up your child from Calvary Elementary.

Name: _____ Phone: (____) ____-____

Name: _____ Phone: (____) ____-____

Name: _____ Phone: (____) ____-____

Please list the name(s) of the person(s) not allowed to pick up your child (and provide legal documentation).

Name: _____ Name: _____

Name: _____ Name: _____

Parent/Guardian Signature: _____ Date: _____

Personal Information Release Form

The following information may be released in the school *only*:

None

All

Child's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Phone: _____

Email: _____

Extended Care

Will you need extended care for your child? Yes No



Photo/Video Waiver

I give my permission to Calvary Elementary and Calvary Church for photos and videos to be taken of my child during the school year. I understand that these will be used for school projects, newsletters, and classroom decorations. With additional written consent, these photos and videos may be used for outside publications and advertisements.

Parent/Guardian Signature: _____ Date: _____

For Official Use Only

Registration Date: _____

Admissions Meeting Date: _____

Admission Granted: Yes No

If not, include a written explanation to be kept on file for one year.

Registration Fee Paid: Yes No \$ _____

Shot Records: _____

First Day Attended: _____

Discharge Date: _____



Developmental History

Please complete this form as thoroughly as you can. This information will help us to get to know your child and family. Please be assured that this information is confidential and will be shared on a need-to-know basis with the school staff.

Child's Name: _____ Nickname: _____

How would you describe your child's personality? _____

List previous schools your child has attended: _____

What is your faith background? _____

List your child's likes and dislikes: _____

List any fears your child may have: _____

Eating Habits: _____

Family Pets: _____



Special Playmates: _____

Describe your child's abilities (advanced, right on track, or a little behind): _____

What would you like most to see your child learn this year? _____

Please list all individuals who live with your child: _____

Name	Age	Relationship	Occupation (if applicable)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please explain any living arrangements the school may need to be aware of (include shared custody schedule and legal documentation):

Recent changes in home life (move, divorce, new baby, etc.): _____



Please add anything else you would like us to know about your child: _____



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Registration Packet Checklist

For your child to be enrolled in Calvary Elementary, a completed registration packet must be turned in to the school office. A completed registration packet includes:

- Signed parent agreement (at the end of the Parent Handbook)
- Current immunization records
- Emergency contacts and phone numbers (including physician)
- Authorized person(s) who can pick up your child
- Copies of custody agreements
- Signed financial agreement
- Teacher/Parent Recommendation Form

Once a completed registration packet has been submitted, a parent/guardian admissions meeting with the school leadership will be scheduled. This meeting is an opportunity for the director/principal to meet your family, become familiar with your enrolling student, and give the student a preliminary assessment.

The following fees are due after enrollment:

- Nonrefundable registration fee: \$100
- Curriculum fee: \$100



Teacher/Parent Recommendation Form

Instructions to Parents

Please complete this section and give this form to the school with a stamped envelope. Your signature below indicates that you understand that this confidential recommendation is a required part of your child's admission application and you will not have access to it.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Instructions to Teachers

Please complete this recommendation and return it to Calvary Elementary in the enclosed stamped envelope. This student's application cannot be processed until all recommendations have been received. This information will remain confidential and will not be disclosed to the student's parent/guardian.

Social Development	Usually	Sometimes	Seldom	Comments
Plays cooperatively				
Shares toys, takes turns				
Initiates play activities				
Uses material purposely				
Interacts with other children				
Intellectual Development	Usually	Sometimes	Seldom	Comments
Listens to and follows instructions				
Can recall past events, words to songs, rhymes				
Completes tasks				
Works cooperatively				



Contributes to group discussion				
Works independently				
Respects classroom routines				
Emotional Development	Usually	Sometimes	Seldom	Comments
Cries/has temper tantrums when things do not go their way				
Becomes upset when separated from Mom or Dad				
Physical Development	Usually	Sometimes	Seldom	Comments
Small-muscle control and coordination				
Large-muscle control and coordination				
Speech development (articulation)				
Takes care of personal needs				
Can sit, listen, and persist with an adult-directed task for fifteen minutes or longer				
Manages the use of scissors				

Please describe the child’s development of:

Beginning reading skills: _____

Beginning math skills: _____

Have you ever observed any signs of learning disabilities/special needs? Yes No



Does this student receive any special accommodations? Yes No

Is the student on an IEP? Yes No

If yes to either of these questions, please explain: _____

Parent involvement: Very involved Usually involved Rarely involved Not involved

Parent cooperation: Very cooperative Cooperative Usually cooperative Not cooperative

Please describe the child, including comments on their personality, maturity, confidence, assertiveness, humor, and degree of independence. We welcome any other information that may be helpful.

Please check one: Highly recommend Recommend Recommend with reservation Not recommended

Please explain if you recommend with reservation or do not recommend:

Teacher Information

Name: _____ School: _____

Teacher Signature: _____ Date: _____

Email: _____ Phone: (____) ____ - _____