



# APPLICATION FOR PRESCHOOL ENROLLMENT CALVARY CHRISTIAN ACADEMY

1175 Hillsdale Ave., San Jose, CA 95118

Attach Photo

Today's Date \_\_\_\_\_  
Academic Year \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_

*First*

*Middle*

*Last*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Mailing Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Student's First Language \_\_\_\_\_ Other Language(s) \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ **Father's Email** \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Employer \_\_\_\_\_

*Name*

*Address*

*Phone*

**Mother's Full Name** \_\_\_\_\_ **Mother's Email** \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Employer \_\_\_\_\_

*Name*

*Address*

*Phone*

**Siblings** \_\_\_\_\_

*Name*

*Gender*

*Birth Date*

*Grade*

*School*

*Name*

*Gender*

*Birth Date*

*Grade*

*School*

*Name*

*Gender*

*Birth Date*

*Grade*

*School*

*Name*

*Gender*

*Birth Date*

*Grade*

*School*

**Student Lives With** (check all that apply): \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-father \_\_\_\_\_ Step-mother

\_\_\_\_\_ Other \_\_\_\_\_

*Name / Relationship*

**Previous School(s) Attended** (begin with the most recent):

Name

Address

Phone

Name

Address

Phone

May we contact the above school(s) for official assessments and records? Yes\_\_\_\_ No\_\_\_\_

**Are you applying to other schools?** Yes\_\_\_\_ No\_\_\_\_

If yes, which schools? \_\_\_\_\_

**Intentions for Enrollment:** I intend for my child to complete the following preschool program(s) at Calvary Christian Academy:

Classes

Days of Attendance

- \_\_\_ Early Risers (7:30am-8:30am)
- \_\_\_ 3's Preschool Class Half Day M-F Program (9:00am-12:00pm)
- \_\_\_ 3's Preschool Class Half Day MWF Program (9:00am-12:00pm)
- \_\_\_ 3's Preschool Class Half Day T/TH Program (9:00am-12:00pm)
- \_\_\_ 3's Preschool Class Full Day M-F Program (9:00am-5:30pm)
- \_\_\_ 3's Preschool Class Full Day MWF Program (9:00am-5:30pm)
- \_\_\_ 3's Preschool Class Full Day T/TH Program (9:00am-5:30pm)

- \_\_\_ 4's Pre-Kindergarten M-F Half Day Program (9:00am-12:00pm)
- \_\_\_ 4's Pre-Kindergarten MWF Half Day Program (9:00am-12:00pm)
- \_\_\_ 4's Pre-Kindergarten T/TH Half Day Program (9:00am-12:00pm)
- \_\_\_ 4's Pre-Kindergarten M-F Full Day Program (9:00am-5:30pm)
- \_\_\_ 4's Pre-Kindergarten MWF Full Day Program (9:00am-5:30pm)
- \_\_\_ 4's Pre-Kindergarten T/TH Full Day Program (9:00am-5:30pm)

**Student Profile (to be completed by parent or guardian)**

Why do you want your child to attend Calvary Christian Academy Preschool?

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What phrases come to mind when describing your child?

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Please describe your child's greatest strengths, both cognitive and social:

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Please describe any behavioral, social and/or cognitive special needs of your child that Calvary Christian Academy should be aware of:

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Does your child have any diagnosed learning disabilities? Yes\_\_\_\_\_ No\_\_\_\_\_

Has your child been enrolled in a special education program? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, do they have an Individual Education Plan? Yes\_\_\_\_\_ No\_\_\_\_\_

Describe the remedial program/actions being taken:

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Has your child ever been subject to any serious disciplinary actions?

No\_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Please describe your child's interests, including extra-curricular activities:

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Does your family attend Calvary Chapel San Jose? Yes\_\_\_\_\_ No \_\_\_\_\_

Please describe your family's church affiliation/involvement:

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Please share any major events that have occurred during your child's life that Calvary Christian Academy should be aware of (relocation, death in the family, major illness, divorce, etc.):

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Calvary Christian Academy is a Christ-centered, non-denominational school that encourages and prepares its students to grow in their personal faith in Jesus Christ, to pursue higher education, and to serve the Lord, their families, and their community. Calvary Christian Academy believes that the spiritual growth of its students gives meaning to all their intellectual and physical endeavors. By signing below, I fully acknowledge and understand that my child will be taught spiritual truths in accordance with Scripture at Calvary Christian Academy.

**All applications must be accompanied by a non-refundable check, payable to Calvary Christian Academy.** Upon receipt of this application, all materials, documents and files comprising the applicant folder become the property of Calvary Christian Academy. I understand that submitting this application does not guarantee my child's admission to Calvary Christian Academy. I understand that admittance into Calvary Christian Academy Preschool Program does not in any way promise or guarantee admission to Calvary Christian Academy grades K-8.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Application Fee- Date Received \_\_\_\_\_

Registration Fee- Date Received \_\_\_\_\_

Materials Fee- Date Received \_\_\_\_\_

Bedding Fee- Date Received \_\_\_\_\_

