

# CALVARY NURSERY SCHOOL

## APPLICATION FOR ADMISSION

### APPLICANT INFORMATION

Applying for admission in September of: \_\_\_\_\_.

Date of Birth: \_\_\_\_\_.

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Child's Name:

Address:

City:

State:

ZIP Code:

### PARENT INFORMATION

#### Care Giver #1:

Address (if different):

City:

State:

ZIP Code:

E-mail:

Work Phone:

Mobile Phone:

Occupation:

Employer:

#### Care Giver #2:

Address (if different):

City:

State:

ZIP Code:

E-mail:

Work Phone:

Mobile Phone:

Occupation:

Employer:

Is either caregiver a member of Calvary Presbyterian Church?

\_\_\_\_\_ Care Giver #1 \_\_\_\_\_ Care Giver #2 \_\_\_\_\_ Both

### GROUP EXPERIENCE

Child's previous group experience:

Relatives who have attended this school, dates attended and relationship to applicant:

### SIBLING INFORMATION

Name:

Birth Date / School:

- Children must turn 3 years old by December 31<sup>st</sup> of the year in which they will enter.
- Children must be toilet-trained to attend school.
- Please include a non-refundable application fee of \$75.00 payable to Calvary Nursery School.
- You will be notified of upcoming tour dates. Please let us know if your contact information changes.
- Please contact the Director if you wish information regarding financial aid.

2515 Fillmore Street, San Francisco, CA 94115  
415.346.4715 | Calvarynurseryschools.org

