



CALVARY NURSERY SCHOOL

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Applying for admission in September of: _____.

Date of Birth: _____.

Gender: Male Female (Circle One)

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 parent a member of Calvary Presbyterian Church? _____ Father _____ Mother _____ 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 2 years 9 months by September 1st 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 receive a postcard confirming receipt of this application.
- 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

<https://calvarynurseryschools.org>

For Office Use Only

Payment Information:

Sibling Legacy Church Google Yelp Facebook

P/S:

Date Received:

Tour Invite:

Tour Date: