



Capo Beach Calvary Preschool

25975 Domingo Ave. Capistrano Beach, CA., 92624
(949) 443-1316

Application For Enrollment

Today's Date _____ / _____ / _____

Child's Name _____

Age _____ Birth Date _____ / _____ / _____

Address _____
Street Address & Apt #

City _____ State _____ Zip _____

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Mother _____ Home Phone () _____ - _____

Employer _____ Work Phone() _____ - _____

Email _____ Cell Phone () _____ - _____

Father _____ Home Phone () _____ - _____

Employer _____ Work Phone() _____ - _____

Email _____ Cell Phone () _____ - _____

May we print your name, phone number and address in our Preschool Directory? Yes _____ No _____

All children must be able to use the toilet independently. Is your child completely potty trained? Yes _____ No _____

Does your child have any special needs?(Medical or Physical Conditions, Allergies, etc) _____

Does your child have any siblings attending CBCS K – 8th grade? Yes _____ No _____

List names and grade: _____

<u>For Office Use Only</u>	
Date Received:	_____
Session Date:	_____
Registration Fee \$	_____ CK# _____
Class Enrolled for:	_____
Days Enrolled	_____
Monthly Tuition \$	_____
W/ Sibling Discount \$	_____
Shelby/Procure	_____