



**NEW STUDENT  
PRESCHOOL PLACEMENT FORM  
August 18, 2026– May 26, 2027**

**Enrollment Process:**

- Complete the Preschool Placement Form
- Complete the application process in FACTS - It is on a first-come basis
- \$55.00 application Fee - **Non-refundable** paid through FACTS
- Complete the enrollment process in FACTS within 3 days
- \$250.00 Registration Fee - **Non-Refundable** paid through FACTS

**Child's Name:** \_\_\_\_\_  
FIRST MIDDLE LAST

**Birthdate:** \_\_\_\_\_ **Sex: M F**  
MO/DAY/YR

**Schedule Desired:** Check the schedule you desire, circle days desired

**5 Days** \_\_\_\_\_ M-F    **4 Days** \_\_\_\_\_ M, T, W, TH, or F

**3 Days** \_\_\_\_\_ M, T, W, TH, or F

**Full Day** \_\_\_\_ **School Day** \_\_\_\_ **Half-Day** \_\_\_\_

**Additional Fees:**

**Potty Training Program:** For children 3 years old and above, not yet fully potty trained. (Going to the bathroom on their own) \$10.00 per day scheduled to attend.

**Nap Set Fee:** For all children staying for nap time: \$20.00

Mother's Information	Father's Information
<b>Name:</b>	<b>Name:</b>
<b>Cell #:</b>	<b>Cell #:</b>
<b>Email:</b>	<b>Email:</b>

**Has your child ever received or is currently receiving any of the following services:**

\_\_\_\_ Occupational Therapy    \_\_\_\_ Speech Therapy    \_\_\_\_ Physical Therapy  
\_\_\_\_ IEP/Regional Center

**Known food allergy or medical condition:** \_\_\_\_\_

**My child has: all required vaccinations** \_\_\_\_ **OR Registered Medical Exemption #** \_\_\_\_\_

I hereby acknowledge my understanding of Calvary Christian Preschool's policy on their Non-Refundable Registration Fee and the requirement of the completed packet on FACTS within 3 days as a guarantee of placement.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_