

**Calvary Temple Christian Pre-School**

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For Office Use

Date of Application: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_  
Monthly Tuition: \_\_\_\_\_

**Application for Admission**

An Application Fee of \$100.00 is due with this application.

NAME OF CHILD \_\_\_\_\_ Nickname: \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ PHONE # \_\_\_\_\_ SEX: M F  
ADDRESS \_\_\_\_\_  
(STREET) (CITY) (ZIP)

FATHER'S NAME \_\_\_\_\_ Living with child? \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ Business Phone # \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Living with child? \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ Business Phone # \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

**PROGRAM DESIRED**

Circle one choice in row #1 and #2

#1. PRE-SCHOOL OR PRE-KINDERGARTEN

#2. FULL DAY OR HALF DAY

Circle the days attending:  
M T W TH F

STARTING DATE DESIRED: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

CALVARY TEMPLE CHRISTIAN PRESCHOOL IS OPEN TO THE PUBLIC AND OPERATED ON A NON-DISCRIMINATORY BASIS, AFFORDING EQUAL TREATMENT AND ACCESS TO SERVICE WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY.