

Registration

2022-2023



Calvary Learning Center

Parent/Guardian Information

Parent's

Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

1st Phone: _____ Emails: _____

2nd Phone: _____

May we text you? Yes ☐ No ☐ Emergency Contact Name: _____ Number of Children: _____
Number: _____

Have you ever homeschooled your child? YES ☐ NO ☐ If no, what school have they attended? _____

Would you be willing to mentor a class? YES ☐ NO ☐ If yes, what subject? _____

Is your child(ren) interested in sports? YES ☐ NO ☐ If yes, which ones? _____

In which position would you be interested in helping? _____

Child(ren) Information

1.Name: _____ Age: _____ Grade: _____ Phone: _____

Areas of interest: _____

2.Name: _____ Age: _____ Grade: _____ Phone: _____

Areas of interest: _____

3.Name: _____ Age: _____ Grade: _____ Phone: _____

Areas of interest: _____