

# Registration

## 2023-2024



# Calvary Learning Center

### Parent/Guardian Information

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

1<sup>st</sup> Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
2<sup>nd</sup> Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we text you?  Yes  No  
Emergency Contact Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Have you ever homeschooled your child(ren)?  YES  NO  
If no, what school have they attended? \_\_\_\_\_

Will you child(ren) be working online? \_\_\_\_\_ If so, which site will they be using? \_\_\_\_\_

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

How frequently will you be attending CLC each week? \_\_\_\_\_

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

In which position would you be interested in helping at CLC? \_\_\_\_\_

### Child(ren) Information

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonus Class(es) interested in: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonus Class(es) interested in: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonus Class(es) interested in: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonus Class(es) interested in: \_\_\_\_\_