



CALVARY BAPTIST EARLY ACADEMY 2024-2025 APPLICATION FOR ENROLLMENT

9333 Linwood Avenue, Shreveport, LA 71106 | 318-687-4924 | CBEA@calvaryshreveport.org

Application Date: _____

Name of Student: _____ DOB: _____ Male Female
Last First Middle

Preferred Name: _____ With Whom Does The Student Reside?: _____

Home Address: _____
City State Zip Code

MDO Enrollment Options:

Infants (<12mos) Ones (12-18 mos) Toddlers (18-24 mos) Twos (2 by Sept 30th)

____ Monday/Wednesday/Friday 8:00-1:00 ____ Two Day (Mon, Wed or Fri) 8:00-1:00
____ M/W/F Extended care until 4:00 ____ Two Day Extended care until 4:00

PreK Enrollment Options:

____ K3 (3 by Sept 30th) Monday/Wednesday/Friday 8:00-4:00

Father/Guardian: _____

Mother/Guardian: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Does your child have any of the following?:

____ allergies ____ Epi-pen ____ daily medication ____ pre-existing medical condition ____ dietary restrictions

Please explain: _____

____ I authorize Calvary Baptist Early Academy to secure medical treatment for my child in the event of an emergency.

____ I do not authorize Calvary Baptist Early Academy to secure medical treatment for my child in the event of an emergency, and release the forementioned of any subsequent liability



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Name of Student: _____
Last First Middle DOB: _____

Emergency Contact (other than parent):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

My child has permission to be released to the following individuals, childcare facilities, or transportation services in addition to emergency contact persons listed above. (These individuals may be asked to show proof of identity)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The following is required in order for this application to be considered complete:

1. *Completed Application for Enrollment*
2. *Completed Parent Contract*
3. *Completed Financial Contract*
4. *Copy of Health/Immunization Record*
5. *Registration Fee Payment*

By signing below, I attest that all of the above information is true and accurate. I confirm that all information has been fully and honestly disclosed to Calvary Baptist Early Academy upon the completion of this application.

Parent/Guardian Signature

Date

CALVARY BAPTIST EARLY ACADEMY FINANCIAL AGREEMENT

9333 Linwood Avenue Shreveport, La. 71106 | (318) 687-4924

Date: _____ New information Updated information

Parent(s) Names:

Name: _____ Email: _____ Phone: _____

Address: _____

Name: _____ Email: _____ Phone: _____

Address: _____

Individual Responsible for Payment: Check here if same as above.

Name: _____ Email: _____ Phone: _____

Address: _____

Children:

Name: _____ Age: _____ Monthly total: _____

Name: _____ Age: _____ Monthly total: _____

Name: _____ Age: _____ Monthly total: _____

MDO Enrollment Options (Infants – Two Year Olds)

Monday/Wednesday/Friday | \$300/month Monday/Wednesday/Friday Extended Care | \$75/month

Two Day (Mon, Wed or Fri) | \$200/month Two Day Extended Care | \$50/month

PreK Enrollment Options (K3 Preschool)

Monday/Wednesday/Friday | \$375/month

Cavs After Class After School Care (K4-6th Grade)

Monday-Friday | \$200/month

Payment Method:

Bank Draft (Choose One)>>>	1 st	10 th	15 th	1 st /15 th	Other _____
Name on Account _____					
<i>(Please Attach Voided Check)</i> Routing # _____ Account # _____					
Insufficient bank drafts will be resubmitted with a \$25 NSF fee added					

Credit/Debt Card (Choose One)>>>	1 st	10 th	15 th	1 st /15 th	Biweekly Draft _____	Other _____
Name on Account _____						
(Choose One) >>> Visa MC Discover AMEX						
Card # _____ exp. Date _____ CSV code _____ billing zip code _____						
ALL CARD PAYMENTS WILL BE SUBMITTED WITH A \$10 MONTHLY USAGE FEE						

Signature _____ Signature _____

OFFICE USE ONLY Notes: _____
 Regist/Supply Fees Pd \$ _____

1st 10th 15th 1st/15th BiW Other _____ Draft amount per payment \$ _____ Start Date: _____