



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 31st)

___ Monday/Wednesday/Friday 8:00-1:00 ___ Tuesday/Thursday 8:00-1:00
___ M/W/F Extended care until 4:00 ___ T/Th Extended care until 4:00

PreK Enrollment Options:

___ K3 (3 by Sept 31st) Monday-Thursday 8:00-1:00/Friday 8:00-12:00

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: _____ DOB: _____
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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