



Mt. Calvary Lutheran Preschool

New Student Checklist for File

Student Information

First Name: _____ Last Name: _____
 Address: _____ City / Zip: _____
 Phone: _____ Cell: _____

Schedule (Completed by MCL Staff)

Days Attending:	Mon	Tues	Wed	Thu	Fri	Days Length:	Full	$\frac{3}{4}$	$\frac{1}{2}$
Room #:	_____					Vacation:	_____		
Teacher:	_____					Sibling 3%:	_____		
Application Date:	_____					Sibling 10%:	_____		

Documents To Be Returned

- Parent's Contract for Admission of Student
- Identification & Emergency (LIC 700)
- Consent for Medical Treatment (LIC 627)
- Child's Preadmission Health History - Parent Report (LIC 702)
- Physician's Report – Child Care Centers (LIC 701)
- Parent's Rights (LIC 995)
- Personal Rights (LIC 613A)
- Blue California Immunization Card (staff recorded)
- Yellow Immunization Card (copy)
- Birth Certificate (copy)
- Registration Fee CK# _____
- Simply Giving Monthly Payment Plan

Start Date
 ____ / ____ / ____

End Date
 ____ / ____ / ____

