



Calvary Learning Academy

Early Childhood Program

2026-2027 Registration Form

Date received: _____
Class: _____
Teacher: _____
Reg \$: _____ Cash _____ Check _____ D _____
AD _____ C _____ DB _____ M _____ W _____
PIF _____

Child's Name:	DOB:	Age by 8/1/26:	Male/Female
Name to be used in class:	Email:		
Address:	City/Zip:		
Father's name:	Father's cell number:		
Father's employer:	Father's occupation:		
Mother's name:	Mother's cell number:		
Mother's employer:	Mother's occupation:		
Emergency contact:	Emergency contact's phone:		
Parent's marital status:	Child living with:		
Church you attend:	Language spoken at home:		
Previous program attended:	Dates attended:		

***A non-refundable registration/supply fee of \$150 (\$100 for each additional sibling) must accompany this form to reserve your child's placement. If a preschool-aged child enrolls for 5 days, (2 different classes), the fee is \$225. CUMC members receive a 50% registration/supply fee discount.**

Toddler and 2's Class Schedule: Please circle preferred days and times					
	Toddler: 12 months by 8/1/2026 and walking steadily			2's: Age 2 by 8/1/2026	
	9:00am-1:00pm	9:00am-3:00pm		9:00am-1:00pm	9:00am-3:00pm
Mon	\$95/month	\$142/month	Mon	\$95/month	\$142/month
Tues	\$95/month	\$142/month	Tues	\$95/month	\$142/month
Wed	\$95/month	\$142/month	Wed	\$95/month	\$142/month
Thurs	\$95/month	\$142/month	Thurs	\$95/month	\$142/month
Fri	\$95/month	\$142/month	Fri	\$95/month	\$142/month

Total monthly tuition: \$ _____

Children must be toilet trained and independent in the bathroom to attend Preschool classes.

Preschool Class Schedule: Please indicate your 1 st and 2 nd choice for classes below					
1st & 2 nd choice	Jr. Pre-K: Age 3 by 8/1/2026		*	Afternoon Enrichment 1-3 pm	
	Mon/Wed/Fri 8:50 am-12:50 pm	\$284/mo.		Monday	\$52/mo.
	Tues/Thurs 8:50 am-12:50 pm	\$190/mo.		Tuesday	\$52/mo.
	Pre-K: Age 4 by 8/1/2026			Wednesday	\$52/mo.
	Mon/Wed/Fri 9:00 am-1:00 pm	\$284/mo.		Thursday	\$52/mo.
	Tues/Thurs 9:00 am-1:00 pm	\$190/mo.		Friday	\$52/mo.
	Kinderskills: Age 5 by 2/1/2027				
	Mon/Wed/Fri 8:50 am-12:50 pm	\$284/mo.			
	Tues/Thurs 8:50 am - 2:50 pm	\$284/mo.			

Total monthly tuition: \$ _____

***A non-refundable registration/supply fee of \$150 (\$100 for each additional sibling) must accompany this form to reserve your child's placement. If a preschool aged child enrolls for 5 days, (2 different classes), the registration/supply fee is \$225.** You may pay by cash, check, or credit/debit from the accounts listed on your financial form. Please return completed forms, immunization record and registration fee to: **Calvary Learning Academy, 575 W. Northfield Drive, Brownsburg, IN 46112. Or scan and email to us at: learningacademy@calvaryunited.org.**

For additional questions, please contact the school at (317) 852-2594 or email us at: learningacademy@calvaryunited.org. More information is on our website at calvaryunited.org/academy. When your registration is complete, you will receive a confirmation email. **School begins the week of August 10th. An open house for all registered students will be held on August 9th.**

You must turn in an immunization record to complete enrollment for your child.

Calvary Learning Academy programs requires documentation that a child is fully immunized against vaccine preventable illness unless the child's parent or guardian can produce **physician documentation** that the child has a **medical contra-indication** to receiving specific vaccinations. (Religious and personal exemptions are not acceptable.) Your doctor can fax this information to Calvary Learning Academy **(317) 852-9207**, or you can attach a copy of your child's immunization record. Once your child's shot record is on file, you do not need to resubmit it while they are enrolled in CLA. However, if your child receives additional shots while enrolled, please submit an updated record. *** Please check if your child already has an immunization record on file with us _____.** ***Please attach an immunization record if one is not on file with the Learning Academy.**

Emergency Treatment and Health Information

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission to the staff of Calvary Learning Academy to authorize such treatment. I will not hold the Church, staff, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other listed emergency contacts.

Please sign if we may seek emergency medical treatment:

Parent signature _____ Date _____

Child's Doctor _____ Hospital Preference _____

Does your child have any developmental delays, allergies, or medical conditions? _____ Yes _____ No

If yes, please list: _____

*If a child has a food allergy, you will be given a **Food Allergy Action Plan** to be completed by your doctor.

Permission for Release

The Learning Academy will not release my child to anyone who is not listed on this form. I understand that by listing the following names and phone numbers, I give permission to the Learning Academy to release my child to these people.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

****By signing, I give permission for my name and phone number to be released in a class list. _____**

PLEASE FILL OUT FINANCIAL FORM TO COMPLETE REGISTRATION

Calvary Learning Academy **REQUIRES** automatic tuition payments. If you choose to pay your child's tuition in full for the year you will not be required to fill out this form. Full tuition payment must be received by Aug. 5, 2026.

***** **Check here if you would like your registration fee debited from your account or charged to this credit card** *****

Each month on the 5th, your tuition payment will automatically transfer from your preferred banking account or be charged to your credit card. If you do not have sufficient funds in your bank account to cover the withdrawal, you will receive notice of non-sufficient funds and will be required to make arrangements to pay the tuition along with a \$20 penalty. The first transfer will occur on August 5, 2026, and the last transfer will occur on May 5, 2027. If the 5th falls on a weekend or bank holiday, your payment will be submitted the first banking day after the 5th. You may update this form any time by calling the office.

***Tuition payment is not subject to adjustments due to illness, vacation, absences, weather closings, covid quarantines, or acts of God. Yearly tuition is divided into 10 equal payments.**

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I authorize Calvary Learning Academy to initiate debits to my checking or savings account, (Section A) or initiate credit card charges to the below-referenced credit card (Section B). To cancel this agreement, I am required to give 3 days' written notice. I understand the debits will only be processed on the 5th of each month unless other arrangements are made.

COMPLETE ONE SECTION ONLY: A or B

SECTION A (Bank Account)

Your Name: _____ Your Phone # _____

Bank Name: _____ Withdraw from Checking _____ or Savings _____

Bank Routing Transit #: _____ (first 9 numbers at bottom left of your check)

My Account Number is: _____ (middle numbers at the bottom of your check)

Authorized Signature: _____ Date _____

SECTION B (Credit Card) *There will be a 3% processing fee for the use of a credit card.**

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholders Signature _____ Date _____

Each account debit will be the following amounts:

Tuition (Child's Name) _____ \$ _____

Tuition (Child's Name) _____ \$ _____

Tuition (Child's Name) _____ \$ _____

Total Debit Each Month _____ \$ _____

*If enrolling multiple children, only **one** debit form is needed per family/account. Please fill in the children's names and monthly tuition amount.