

Date _____

Calvary Place, Inc.
Nurturing Child Development in Downtown Memphis

ENROLLMENT APPLICATION

Parent Name(s) _____

Address _____

Home Phone(s) _____

Work Phone(s) _____

Child's Names(s) and Birthdate or Due Date:

Date You Would Like To Begin Child Care: _____

Anticipated Hours You Will Use This Program: _____

Would you like to receive information about scholarship assistance? _____

Calvary Place, Inc. is open to all families. Priority for enrollment is determined by the date each family applies for enrollment and the availability of openings in the appropriate age group.

A non-refundable \$50 fee is required with this form. The fee covers the administrative costs of enrollment. Please make checks payable to Calvary Place, Inc. and mail to:

Calvary Place, Inc.
102 N. Second Street
Memphis, TN 38103

Date Received: _____

Check Number: _____