



# Calvary Chapel Academy

175 Market Street, P. O. Box 409, Rockland, MA 02370 / (781) 871-1043

Date: \_\_\_\_\_

**For Office Use Only:**

Date received: \_\_\_\_\_

Amount: \_\_\_\_\_

Fee: Ck # \_\_\_\_\_ Cash \_\_\_\_\_

## Student Re-Enrollment for 2025-2026

Student Name: \_\_\_\_\_  
First Middle Last

**IF ENTERING KINDERGARTEN, PLEASE CIRCLE ONE:**      M/W/F      5 Days

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_  
First Middle Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_  
First Middle Last

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email Address: \_\_\_\_\_

**The re-enrollment fee for payments made prior to March 31, 2025, is \$75.00. The re-enrollment fee for payments made after March 31, 2025, is \$100.00. Please include the re-enrollment fee with this form. Thank you.**

Father's/Guardian's Signature: \_\_\_\_\_

Mother's/Guardian's Signature: \_\_\_\_\_