



Application For Enrollment

Child's Full Name: _____
First Middle Last

My Child Is Called: _____ DOB: ___/___/___

Male Female Allergies: _____

Note: Children Enrolled as 3 and 4 year olds Must Be Potty Trained

Parent(s)/ Guardian(s)

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Employer: _____ Employer: _____

Phone Information:

Home: _____ Home: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Do you currently have a church home? _____

Please Note: Registration Deposits are Non-Refundable

FOR OFFICE USE ONLY: Registration fee paid \$ _____ Date paid: _____

Cash Check Check # _____