



COMMUNITY OF FAITH  
PRESCHOOL

# ENROLLMENT FORM

Rev 2.1.2024

Attach A Current,  
In Full Color  
Headshot  
Photo Here  
Please

## CHILD'S LEGAL NAME

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of Sept 1<sup>st</sup> \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Are you providing legal custodial documents? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Primary Residence of Child ( ) Mother ( ) Father ( ) Guardian ( \_\_\_\_\_ ) Other

Marital Status ( ) Single ( ) Married ( ) Divorced ( ) Widowed

Mother Name \_\_\_\_\_

Father Name \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Name & ages of brothers/sisters \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member? ( ) Yes ( ) No

**Authorized Pick-Up List with Driver's License #-** I give full permission to the below people to pick up my child from COF once their identity has been confirmed with their Driver's License/ID card. No other person(s) is allowed to remove the stated child from COF. If you want a person not listed below to pick up your child, you must notify the office in advance in writing with full contact info.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY CONTACT (other than parents listed above) - We must have a full address listed on emergency contact and be 18 years of age or older.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Parents Printed Name

Parents Signature

Date

### PROGRAM DAYS - Circle one

Mon-Fri 5 days

Tues/Thurs 2 days

Mon/Wed/Fri 3 days

(Days are based on availability)

### HOURS - Circle one

7:00a - 4:15p All Day

9:00a - 2:15p Preschool

9:00a - 4:15p Stay & Play

7:00a - 2:15p Before Care

(Times are based on availability)

### OFFICE USE ONLY - Office Initials

\_\_\_\_\_ Procure - Completely entered

\_\_\_\_\_ Child's File Metal Cabinet-Original

\_\_\_\_\_ Plastic Carry Box @Desk copy

\_\_\_\_\_ Before Care class copy 7-9

\_\_\_\_\_ Preschool Class copy 9-215

\_\_\_\_\_ Stay & Play Class copy 215-5