

Chrysalis Christian Preschool Enrollment Card

Date: _____

Child's Name _____

Birth Date _____ Male _____ Female _____ Home Phone _____
Last First Middle
Month Day Year

Address _____
City Zip Code

I have provided legal custodial documents. ____ Yes ____ No

Check which parent(s) child lives with

() Father or () Guardian
Name _____
Street Address _____
City/Zip _____
Business Phone _____
Employer _____
Cell phone _____
Email _____

() Mother or () Guardian
Name _____
Street Address _____
City/Zip _____
Business Phone _____
Employer _____
Cell Phone _____
Email _____

Names & ages of brothers/sisters _____

Church affiliation _____ Member? _____

Persons to contact IN CASE OF EMERGENCY that may also pickup if parents/guardians:

Name _____
Relationship _____
Street Address _____
City/Zip _____
Home Phone _____
Employer/Position _____
Work Phone _____
Cell phone _____
Drivers License # _____

Name _____
Relationship _____
Street Address _____
City/Zip _____
Home Phone _____
Employer/Position _____
Work Phone _____
Cell Phone _____
Drivers License # _____

(OVER)

