



A Caring, Christian Environment for Your Child's Early Learning

REGISTRATION APPLICATION

Applicant Information: School Year: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_
Month Day Year City, State

[ ] Female [ ] Male

I am requesting my child be enrolled in the following class:

- [ ] Full-Day (8:45 AM-2:45 PM)
[ ] 5 Full-Days (Monday – Friday)
[ ] 3 Full-Days (Monday/Wednesday/Friday)
[ ] 2 Full-Days (Tuesday/Thursday)

- [ ] Half-Day (8:45 AM-12:00 PM)
[ ] 5 Half -Days (Monday – Friday)
[ ] 3 Half-Days (Monday/Wednesday/Friday)
[ ] 2 Half-Days (Tuesday/Thursday)

This application must be accompanied by a non-refundable \$100 registration fee and first month's tuition.

Parent Information: Child lives with \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

**Religious Background:**

What is your religious affiliation? \_\_\_\_\_

Are you currently a member of a church? Y / N If yes, what church? \_\_\_\_\_

Has your child been baptized? Yes / No

**Emergency Information**

Emergency contact name and relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Your signature below indicates that the information on this enrollment form is complete and accurate.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date