



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 non-refundable 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