



ENROLLMENT FORM

Student Name: _____
(last) (first) (middle)

Address: _____ City: _____

DOB: ____/____/____ Date of baptism: ____/____/____

Church of baptism: _____ City: _____

Child is: () right-handed () left handed

Allergies/special health concerns: _____

Father: _____

Church Affiliation: _____

Email: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Mother: _____

Church Affiliation: _____

Email: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Busing information: In which school district do you live? _____

Grade student will be entering this year: _____

EARLY CHILDHOOD PROGRAM

In which program will your child be enrolled?

3K All Day 4-5 Days () 4K M-W-F All Day () 5K All Day 5 Days ()

3K Half Day 4-5 Days () 4K All Day 5 Days ()

3K Half Day Any 3 Days* ()

3K All Day Any 3 Days* ()

*Program days will be discussed with faculty and family before the start of the school year.