

CHRIST CHURCH CHILDREN'S CENTER

KINDERGARTEN 2021-22 ENROLLMENT APPLICATION

Child's Name: _____ Date of Birth: _____

Place of Birth: _____ Gender: _____ Home Phone: _____

Street Address: _____

Parent/Guardian: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Name of Employer: _____

Address: _____

Parent/Guardian: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Name of Employer: _____

Address: _____

Home Email Address: _____

Others in the Household:

Name	Date of Birth	Gender	Relationship to the Child

Please indicate age-group:

Kindergarten (5 years old by 9/1/21)

Please indicate scheduling preference:

4 Days/Week

Full Day

Days: M T W Th F

5 Days/Week

Half Day

Full Day

Days: M T W Th F

Early Birds: M T W Th F

PARENT'S SIGNATURE: _____ **Date:** _____

Date Application Received : _____

Date Registration Fee Received: _____

Date Form Updated : _____ Signature: _____

Date Form Updated: _____ Signature: _____