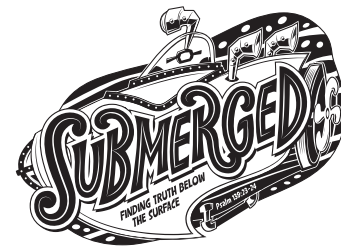


# Enrollment Card



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_ e-mail \_\_\_\_\_

Birthdate (for preschool) \_\_\_\_\_ Last Grade Completed (for children & youth) \_\_\_\_\_

Do you attend Sunday School? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you are Christian? \_\_\_\_\_

Are you a church member? \_\_\_\_\_ If so, where? \_\_\_\_\_

Medical information we need to know (*please* list any food allergies)

\_\_\_\_\_

Emergency contacts (please give names & phone numbers)

\_\_\_\_\_

Is there anyone we should NOT allow to leave with your child? Please list