



ENROLLMENT FORM DATED: _____

Trinity Bible Church

CHILD'S INFORMATION					
Last Name		First		Sex	Birth Date
Parents' Relationship to Each Other	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)					

Child lives with (please check all that apply):

Mother & Father Mother Father Other _____

FATHER'S INFORMATION			
Name		Driver's license	
Home Address		Phone	
City	State	Zip	
Occupation		Employer	
Work Phone	Mobile	E-mail	

MOTHER'S INFORMATION			
Name		Driver's license	
Home Address		Phone	
City	State	Zip	
Occupation		Employer	
Work Phone	Mobile	E-mail	

GENERAL INFORMATION	
Family religious preference	Church Membership

How did you find out about our program?

RELEASE OF CHILD			
List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.			
Name		Driver's license	
Home Address		Phone	
City	State	Zip	
Occupation		Employer	
Work Phone	Mobile	E-mail	

EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize _____ staff to take my child to an Emergency Room, or to the following physician or _____ (Name of Weekday Early Education Program) his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions

Would you like to know more about our Early Drop-off/Late Pick-up services?

Yes No

What would you like teachers to know about your child? Any health needs or allergies? Any special concerns? Please list those here:

Date of Enrollment

Class Assignment