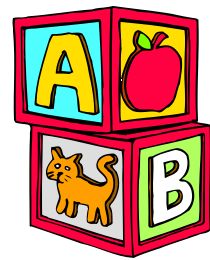


Christian Mission Learning Center
 2020 – 2021 Child Enrollment Form
 (PLEASE PRINT)



TO BE COMPLETED BY THE PARENT/GUARDIAN

Child's Name: _____ Date of Birth: _____

Home Address: _____ Social Security Number: _____

Mother's/Guardian's Name _____ Date of Birth: _____

Home Address: _____ Email: _____

Home Phone:(_____) _____ Cellular:(_____) _____ Cell Phone Carrier _____

Employer: _____ Address: _____

Work Phone: (_____) _____ Ext. _____ Hours of Employment: _____

Father's/Guardian's Name _____ Date of Birth: _____

Home Address: _____ Email: _____

Home Phone: (_____) _____ Cellular: (_____) _____

Employer: _____ Address: _____

Work Phone: (_____) _____ Ext. _____ Hours of Employment: _____

Hours of Care Needed: _____ Days Needed: M T W TH F

Meals Needed: ___Breakfast ___AM Snack ___Lunch ___PM Snack ___Supper

Medical Information with Doctor Excuse(Allergies, Illnesses, etc): _____

Please provide the names of two other persons who can be contacted in case of an emergency.	
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Cell Phone Carrier: _____ Email: _____	Cell Phone Carrier : _____ Email: _____

Parent's Signature: _____ Date: _____

*****TO BE COMPLETED BY THE DIRECTOR/STAFF*****

Enrollment Date: _____ Child's Age: _____

Withdrawal Date: _____ Reason for Withdrawal: _____

