

Date: _____

Registration Fee: _____



Enrollment Application

(9 month olds class Monday & Wednesday from 9:00 to 1:00)

The Preschool Learning Center Fairlawn Baptist Church

Child's Name: _____ Nickname: _____

Address: _____ City: _____

State: _____ Zip code: _____

Home Phone Number: _____

Cell phone number: _____ E-mail address: _____

Birth Date: _____ Age: _____ Sex: _____

Father/Guardian: _____ Occupation: _____

Employer _____ Work Phone: _____

Mother/Guardian: _____ Occupation: _____

Employer _____ Work Phone: _____

Marital Status: _____ Married _____ Separated _____ Divorced _____ Single

Name and ages of Siblings: _____

Church Where you attend: _____ Member: Yes/No

Signature of:

Parents / Guardian: _____ Date: _____

