



Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

## Enrollment Application

(4 years olds class Monday, Tuesday, Wednesday & Thursday 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: \_\_\_\_\_