

Pre-Enrollment Information

*All enrollment forms must be complete and registration fee paid
before child is able to begin attending Church Weekday*

Start Date: _____

Parent Information:

Name- Mom and Dad

Street

City

Zip

Mom Cell Phone

Dad Cell Phone

Other

Email Address

Employer

Work Phone

Child Information:

Child's Name

Birthday

School/Grade

CW Class (*office use*)

Allergies/Health Concerns:

Child's Name

Birthday

School/Grade

CW Class (*office use*)

Allergies/Health Concerns:

Child's Name

Birthday

School/Grade

CW Class (*office use*)

Allergies/Health Concerns:

Group (circle one): Private Pay CCS Employee Employee CCS FBC Employee

Billing Cycle (circle one): Bi-Monthly Monthly

Registration Fee Paid: _____