

WORD OF FAITH CHRISTIAN CENTER

2017-2018 *KINDERGARTEN* STUDENT APPLICATION

Student Date of Birth _____

Student Name: _____

Last

First

Middle

Address _____

Street

City

State

Zip code

Home Phone: _____

Gender:

Female

Male

Preschool or Daycare last attended _____

Mother/Guardian Name: _____ **Home Phone** _____

Cell Phone: _____ E-Mail: _____

Address _____

Street

City

State

Zip Code

Place of Employment _____ Work Phone _____

Father/Guardian Name: _____ **Home Phone** _____

Cell Phone: _____ E-Mail: _____

Address _____

Street

City

State

Zip Code

Place of Employment _____ Work Phone _____

Emergency Contacts:

Name: _____ Relationship: _____ Cell # _____

Name: _____ Relationship: _____ Cell # _____

Authorized for Student Pick-up

Name: _____ Cell # _____

Name: _____ Cell # _____

