

APPLICATION FOR

Preschool & Child Care Enrollment

Cross of Glory Lutheran School

61095 Campground Road, Washington, MI 48094 Phone: (586) 781-9870 www.cross-of-glory.net

Preparing Children ... Now & Forever

Student Informatio	n:			Date:	
Full Name:					
 Last	First	Middle		Date of Birt	h:/
Last	1 1100	Middle			
Enrolling for:	2 Days (Tue/Th	nurs)	M	/lale: Fe	emale:
	3 Days (Mon/W	ed/Fri)			
	Child Care (Mo	on/Wed/F	<i>Fri)</i> 2 Days _	3 Day	s
Address:					
Nivershay /Chrack		Cit.		Ctoto	Zin Codo
Number /Street		City		State	Zip Code
Home Phone: ()				
Family Information					
Family Information					
Father's Full Name):				
				_ ()	
Last	First	Middle		Home Phone	
Address (If different to	from child's):				
				()	
Number /Street	City	State	Zip Code	Cell Phone	
Mother's Full Name:					
	-				
 Last	First	Middle		() Home Phone	
Address (If different		Middle		rionie i none	
Addiese in dinerent	nom child s _j .				
Number /Street	City	Ctoto	Zin Codo	() Cell Phone	
Number /Street	City	State	Zip Code		10 V N
Current Church Me	empersnip:	Has	your child	been baptize	d? Yes or No
Church Name					Denomination
Family E-mail Address (used for alerts/newslet	tters)			_
How did you hear about	our school/church?				- Povinad 3/1/15