



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 Information: Date: _____

Full Name:
 _____ Date of Birth: ____/____/____
Last First Middle

Enrolling for: _____ **2 Days** (*Tue/Thurs*) Male: _____ Female: _____
 _____ **3 Days** (*Mon/Wed/Fri*)
 _____ **Child Care** (*Mon/Wed/Fri*) **2 Days** _____ **3 Days** _____

Address:

Number /Street City State Zip Code

Home Phone: (_____) _____

Family Information:

Father's Full Name:
 _____ (_____) _____
Last First Middle Home Phone

Address (If different from child's):
 _____ (_____) _____
Number /Street City State Zip Code Cell Phone

Mother's Full Name:
 _____ (_____) _____
Last First Middle Home Phone

Address (If different from child's):
 _____ (_____) _____
Number /Street City State Zip Code Cell Phone

Current Church Membership: **Has your child been baptized? Yes or No**

Church Name **Denomination**

Family E-mail Address (used for alerts/newsletters) _____

How did you hear about our school/church? _____