



APPLICATION FOR Young Fives & Kindergarten 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: _____ Young 5's (Mon/Wed/Fri)		Male: _____ Female: _____	
_____ Kindergarten (Mon-Fri)			
Address:			
_____		City	State
Number /Street			Zip Code
Home Phone: (_____) _____			
Family Information:			
Father's Full Name:			
_____		(_____) _____	
Last	First	Middle	Home Phone
Address (If different from child's):			
_____		(_____) _____	
Number /Street		City	Cell Phone
	State	Zip Code	
Mother's Full Name:			
_____		(_____) _____	
Last	First	Middle	Home Phone
Address (If different from child's):			
_____		(_____) _____	
Number /Street		City	Cell Phone
	State	Zip Code	
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? _____			