



Child's Last Name: _____

Birthdate: _____

Enrollment Card 2024-2025

CHILD INFORMATION

Child's Last Name _____

Child's First Name _____

Child's Nickname _____

Child's Home Address, City, Zip Code _____

Child's Home Phone _____

Sex: M F
 Returning Student?: Y N
 If YES, please check if ANY child/parent info has changed from previous registration.

Age of child on September 1, 2024: _____

FAMILY INFORMATION

Primary Sponsor's First & Last Name* _____

DOB _____

Relationship to Child _____

Address, City, Zip Code (if different from child's) _____

Email Address _____

Cell Phone (the last four digits will be your pin) _____

Work Phone _____

Employer _____

Secondary Sponsor's First & Last Name _____

DOB _____

Relationship to Child _____

Address, City, Zip Code (if different from child's) _____

Email Address _____

Cell Phone (the last four digits will be your pin) _____

Work Phone _____

Employer _____

Marital Status: Married _____
 Single _____

Divorced _____
 Separated _____

Religious Affiliation: _____

Home Church: _____

Custody or Visiting Arrangements? _____

New Life Church Member? _____

*Primary sponsor is the person who will be contacted FIRST in case of emergency.

FAMILY CONTACTS

Emergency contacts and persons authorized to take child from facility **other than parent or guardian listed above**. Children will only be released to a person designated on this form after verification of ID. A unique PIN is required for each person approved to pick up.

1. Name: _____ Phone: _____ cell home

Address: _____

Relationship to Child: _____ Approved Pick Up: ER Contact:

2. Name: _____ Phone: _____ cell home

Address: _____

Relationship to Child: _____ Approved Pick Up: ER Contact:

3. Name: _____ Phone: _____ cell home

Address: _____

Relationship to Child: _____ Approved Pick Up: ER Contact:

