Child's Full Name	Community of Faith Weekday Preschool Date of Admission:					
Birth Date	Child's Full	Name			Dl	
Home Phone				•		
Here I have provided legal custodial documentsYesNo Child lives with () Pather or () Guardian / () Mother or () Guardian				maie remaie	_	
Take provided legal custodial documents						
Child lives with () Father or () Guardian / () Mother or () Guardian Father Name Street Address City/Zip Ccll Phone Employer Busines Phone Email Driver's License # Name & ages of brothers/sisters Church Affiliation Additional Authorized Pick-Up List of persons to whom my child may be released to and or called when above parents/guardians are not available and or in an emergency. 1. Name Relationship Driver's License # Phone # 2. Name Relationship Drivers License # Drivers License # Phone # 4. Name Relationship Drivers License # Phone # Phone # CHANGE OF SCHEDULE AS OF (Date) Days (M-F) Days (M-F) Days (MWF) Days (TT) CIRCLE HOURS T.00a -6:00p T.00a -6:00p T.00a -2:15p					Here	
Street Address						
City/Zip	Father Name			Mother Name		
Cell Phone Employer Employe	Street Address			Street Address		
Employer	City/Zip					
Busines Phone Email Driver's License # Name & ages of brothers/sisters Church Affiliation Additional Authorized Pick-Up List of persons to whom my child may be released to and or called when above parents/guardians are not available and or in an emergency. 1. Name Relationship Drivers License # Phone # 3. Name Relationship Drivers License # Phone # 4. Name Relationship Drivers License # Phone # Name Relationship Drivers License # Phone # Name Relationship Drivers License # Phone # Summe Relationship CHANGE OF SCHEDULE AS OF (Date)						
Email						
Driver's License #						
Name & ages of brothers/sisters						
Church Affiliation						
Additional Authorized Pick-Up List of persons to whom my child may be released to and or called when above parents/guardians are not available and or in an emergency. 1	Name & ages of brothers/sisters					
Drivers License # Phone # Phone #	Church Affiliation Member?					
Name Relationship						
Name Relationship	1					
2	Name		Relationship			
Drivers License # Phone #	2			Phone #		
Name Relationship	Name		Relationship			
Drivers License #	3			Phone #		
4	Name			Relationship		
Name	4	Drivers License #		Phone #		
Parent Signature Date	Name			Relationship		
CHANGE OF SCHEDULE AS OF CDate SUMMER CAMPS - Separate Fees				Phone #		
CHANGE OF SCHEDULE AS OF	DDOCDAM DAVC			Parent Signature	Date	
3 Days (MWF) 2 Days (TT) 5 Days (M-F) 3 Days (MWF) 2 Days (MWF) 2 Days (MWF) 2 Days (TT) 7:00a-6:00p 9:00a-2:15p 7:00a -2:15p 9:00a-4:15P Circle: JUNE JULY AUGUST 5 Days (M-F) 3 Days (MWF) 2 Days (MF) 3 Days (MWF) 2 Days (TT) CIRCLE HOURS 7:00a-6:00p 9:00a-2:15p 7:00a-6:00p 9:00a-2:15p 7:00a -2:15p 9:00a-4:15P	CHANGE OF SCHED			SUMMER CAMPS - Separate Fees		
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Parent Signature Date						
Parent Signature Date Parent Signature Date	Parent Signa	ature Date	Parent Signature	. Date	Parent Signature Date	