Holy Covenant Child Development Center

2011-2012 Enrollment Application

Date: _____

Child's Name: _____
First Middle Last

Child's Birth Date: _____/_____/_____ Male_____ Female_____
MO DAY YEAR

Home Phone _____ Cell Phone: _____

EMAIL Address: _____

Mailing Address: _____

City, State, Zip: _____Subdivision _____

Mother's Name: _____

Mother's Address: (If different from above) _____

Mother's Employer: _____Work Phone: _____

Father's Name: _____

Father's Address: (If different from above) _____

Father's Employer: _____Work Phone: _____

Church Membership: _____

To the best of my knowledge, the above information is accurate and truthful. I am aware that registration fees and supply fees paid to Holy Covenant CDC are **non-refundable**.

_____
Parent or Guardian Signature

I give my permission for my child's name, address, and phone number to be printed in the CDC directory. This directory will only be distributed to parents of CDC children.

_____
Parent or Guardian Signature

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