



Information about brothers and sisters:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

What or who influenced you to consider enrollment of your child(ren) (if present parent, please include their name):

\_\_\_\_\_

\_\_\_\_\_

Why do you want your child(ren) to attend Cambridge Christian Early Childhood Center?

\_\_\_\_\_

\_\_\_\_\_

### Religious background

Church attending \_\_\_\_\_

Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you personally received Jesus as your Savior and Lord? Father: Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_

Mother: Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_

Please check which option you would like to enroll your preschool child in:

M/W 8:15-11:15 \_\_\_\_\_

M/W/F 8:15 - 11:15 \_\_\_\_\_

T/Th 8:15-11:15 \_\_\_\_\_

OR

Please choose which of the following childcare options best suits your needs:

Please list days and times care is needed:

Part time \_\_\_\_\_

Monday

Full time \_\_\_\_\_

Tuesday

Wednesday

Thursday

Friday

Any additional information about your child care needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_