

Information about brothers and sisters:

Name _____ Date of Birth _____ School _____

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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/F 8:00 - 11:00 _____

T/TH 8:00 - 11:00 _____

OR

Please choose which of the following childcare options best suits your needs. We work with part or full time as well as flexible or rotating schedules.

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 _____