



Child Enrollment Form

Child and Family Information

Child's Last Name First Name/Middle Initial Nickname Male/Female

Date of Birth Current Age Best number to call for questions, illnesses, emergencies

Home Address Apt. # City/State/Zip Second contact phone

Mother's Full Name Address if different than the child Home/Cell Phone Number

Mother's Employer Employer Address Occupation Work Phone Number

Email Address Any other contact phone

Father's Full Name Address if different than the child Home/Cell Phone Number

Father's Employer Employer Address Occupation Work Phone Number

Email Address Any other contact phone

Emergency Contacts and Persons Authorized to Pick Up Child *(Photo ID will be reviewed)*

Mother *(As listed above)* ___ Father *(As listed above)* ___

State requirements include additional emergency contacts. Please choose if the emergency contacts can also pick up your child.

- | | | | | |
|----|------------------------------------------------------|---------------------|-------------------|--|
| 1. | | | Y/N | |
| | Full Name Relationship to child | Cell or Work Number | Can pick up child | |
| 2. | | | Y/N | |
| | Full Name Relationship to child | Cell or Work Number | Can pick up child | |
| 3. | | | Y/N | |
| | Full Name Relationship to child | Cell or Work Number | Can pick up child | |

Child Allergy or Special Diet Instructions- any additional medical information requiring medication will be completed on a separate form.

Does your family attend New City Church? YES NO

If you do not attend New City Church, which church do you attend? (If applicable)

Have any of your children been enrolled in our Sunday programs or New City Early Learning Academy before?

New City Early Learning Academy
517 W. Morgan St.
Edgerton, KS 66021
817-807-1525