

COLLEGE CHURCH LEARNING CENTER
ADMISSION APPLICATION

Student Information

Name: _____
First Middle Last

Birthdate: ____ / ____ / ____ Sex: M/F

Home Address: _____ Apt _____
City: _____ State: _____ Zip _____

Any custody order affecting the child? _____

***Parent(s) Guardian 1 ~ information**

Parent/Guardian Name: _____

Relationship to Child: Mother _____ Father _____ Step-parent _____

Legal Guardian _____ Other _____

Home Address: _____ Apt _____

City: _____ State: _____ Zip _____

Phone Numbers: Home _____ Work _____ ext. _____

Cell _____ *Email address* _____

Occupation: _____

Employers Name: _____

Address: _____ Apt _____

City: _____ State: _____ Zip _____

***Parent(s) Guardian 2 ~ information**

Parent/Guardian Name: _____

Relationship to Child: Mother _____ Father _____ Step-parent _____

Legal Guardian _____ Other _____

Home Address: _____ Apt _____

City: _____ State: _____ Zip _____

Phone Numbers: Home _____ Work _____ ext. _____

Cell _____ *Email address* _____

Occupation: _____

Employers Name: _____

Address: _____ Apt _____

City: _____ State: _____ Zip _____



List Brothers and Sisters: Name _____ Age _____

Does your family attend College Church of the Nazarene? Yes No

If not, what church do you attend? _____ OR Do Not Attend

Medical Information:

Allergies or other Health Conditions:

Special Needs: _____

Medication/Treatments: _____

Possible Side Effects: _____

Is Child Toilet Trained (potty & poop)? Y_____ N_____ Comments: _____

In Case of Emergency:

Physician: _____ Phone : _____

Address/City: _____

Hospital Preference: _____ Phone: _____

Emergency Release Information:

In addition to the information given under Family Information, I give my consent for only the following persons to pick up my child from Kids Day Out and authorize them to care for my child in an emergency if parent cannot be reached:

1. Name: _____ Relationship to Child: _____

Address/City: _____ Phone: _____

2. Name: _____ Relationship to Child: _____

Address/City: _____ Phone: _____

3. Name: _____ Relationship to Child: _____

Address/City: _____ Phone: _____

***We will NOT allow your child to leave with any other person without written authorization from the responsible parent or guardian.*

Parents Statement:

I wish to enroll my child in the College Church Learning Center. I give my permission to allow my child to take walks with his/her classroom, which will be limited to the grounds around the church/campus property. And I further give permission for pictures/videos to be taken while attending the Learning Center. Realizing every precaution possible will be taken for the safety of the children, I will not, in case of accident or injury, hold College Church of the Nazarene, Kids' Day Out, Preschool or Full day care, or those in charge of these groups responsible.

Parent/Guardian Signature

Date