

Office Use Only: Allergy _____ Media _____ Days _____ Email _____



Application Form

Child's Name: _____
Last First

Birth Date: _____ Gender: M F Potty Trained? Y N

Address: _____
Street City Zip Code

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Primary Email: _____

Primary person(s) that will be picking up your child:

Name: _____ Phone: _____

What days do you want to enroll your child?

Monday & Wednesday _____

Preschool Prep 3 Day Program _____ (Must be 3 years old & Potty-trained by September 1st)
(Monday/Tuesday/Wednesday)

Medical Information:

Doctor's Name: _____

Phone Number: _____

Hospital Preference: _____

Please list any allergies or health problems:

Please Attach A Photocopy of Your Child's Immunization Records

In case of an emergency and we are unable to reach a parent, list a relative or neighbor that we can contact.

Name: _____

Relationship to child: _____

Phone: _____

By signing below, you are granting permission for CCC MDO to meet the needs of your child in case of an emergency. You are also stating your understanding that Covenant Community Church is not liable for any doctor or hospital charges that may occur while your child is under their care.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____