Elfers Christian Preschool

Pre-school & Extended School Program 5630 Olympia St., New Port Richey, Fl. A Ministry of First Baptist Church of Elfers (727) 848-1310 Fax (727) 848-2400

For Office Use Only Amount Paid at Registration:
\$
Date://

Enrollment Application

Student Information: Date of	Birth:	Sex: Date of Enrollment:		
Full Name:Last	First	Middle	Nickname	
Child's Physical Address:				
Church:			Member: Y N	
Days of the Week in Care: M	T W Th F Ho	ours of Care: From:	To:	
Family Information: Child Lives	s with:	Custody: Mother Fath	er Both Other:	
Parent/Guardian Name:		Parent/Guardian Name:		
Address:		Address:		
Home Phone:				
Work Phone:				
Cell Phone:				
Email:				
Church:				
Relationship to the child:			nild:	
Persons permitted to remove child			*If no, legal documents required.	
Financial Information: Name(s) of person(s) Financially Address (If Not Previously Listed) Phone Number (If Not Previously	:			
Emergency Contacts: Child will be released only to the calso be contacted and are authori reason, the custodial parent(s) or	zed to remove the child fr	om the facility in case of illness	isted below. The following people will s, accident or emergency, if for some	
Name	Cell/Home#	Work#	Relationship	
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