Impact

Student Enrollment Form

Student's Name _____ _____ _____ { } Male { } Female
Last First M.I.

Date of Birth ___ / ___ / ___ Grade entering 26/27 _____
Mo Day Yr.

Student's Name _____ _____ _____ { } Male { } Female
Last First M.I.

Date of Birth ___ / ___ / ___ Grade entering 26/27 _____
Mo Day Yr.

Address _____ _____ _____ _____
Street City State Zip

Family Information

Mother's Name _____ _____ Cell (____) _____-_____ Work (_____) _____-_____
First Last (if different than child's)

Email _____ Employer_____

Father's Name _____ _____ Cell (____) _____-_____ Work (_____) _____-_____
First Last (if different than child's)

Email _____ Employer_____

Marital Status ( ) married ( ) separated ( ) divorced ( ) widowed ( ) single parent

- If divorced or separated, please indicate student's primary residence ( ) Mother ( ) Father
- May the non-custodial parent pick up the child? ___ If no, legal documentation from the court is required
  Yes or No

Are there any special instructions on how to reach you while your child is in our care?

_____

_____

Pick Up / Drop Off

I give permission for my child to leave Zion Congregational Church with the following persons named below. It is the responsibility of the parents to notify the church, in writing, of any changes.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____