



CHRIST EPISCOPAL CHURCH
PARENTS MORNING OUT
1521 N. Patterson Street
Valdosta, GA 31602
APPLICATION FOR ENROLLMENT

Sex: M_____F_____Age: _____

Name of Child:_____

Preferred Name:_____Date of Birth:_____

Parent(s) Name(s): (Mother)_____(Father)_____

Mother's Address:_____

Mother's Email Address:_____Mother's Phone:_____

Mother's Place of Employment:_____Work Phone:_____

Father's Address:_____

Father's Email Address:_____Father's Phone:_____

Father's Place of Employment:_____Work Phone:_____

Names & Numbers of persons authorized to pick up child (emergency or otherwise):

Name:_____Phone:_____

Name:_____Phone:_____

Name:_____Phone:_____

Date

Date

Parent/Guardian Signature (Type signature above)

Parent/Guardian Signature (Type signature above)