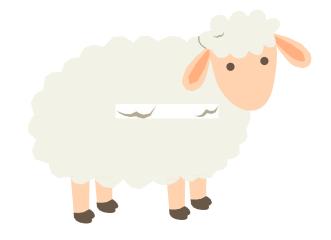
**Date** 



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

•	bex: wFAge:
Name of Child:	
Preferred Name:	Date of Birth:
Parent(s) Name(s): (Mother)	(Father)
Mother's Address:	
	Mother's Phone:
	Work Phone:
Father's Address:	
Father's Email Address:	Father's Phone:
	Work Phone:
Names & Numbers of persons autho	orized to pick up child (emergency or otherwise):
Name:	Phone:
	Phone:
	Phone:
Date	Parent/Guardian Signature (Type signature above

Parent/Guardian Signature (Type signature above)