

Thursday School

Child's Name: _____ Male/Female (circle one)

By what name would you like your child to be called? _____

Birth date: _____ (Must be 4 years old by September 27, 2007)

Address: _____

Home Phone: _____ Best time to be reached at home: _____

Husband's Name: _____ Work Phone: _____

Wife's Name: _____ Work Phone: _____

If separated or divorced does child live with mom or dad? _____

Can either parent pick up child? _____

Phone number where parent can be reached during school hours? _____

Name and phone number of responsible person if you can't be reached:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

The following question does not determine eligibility:

Does your child attend church? Regularly _____ Sometimes _____ No _____

If yes,
where? _____

Other helpful comments concerning your child: (food allergies, medical conditions, medications, etc.):

There will be an initial registration fee of \$50 due along with this registration form and \$50 due on January 3rd. All money goes toward materials and supplies for the students. Teachers are all volunteers.

As a parent or legal guardian, I give permission for _____
to be enrolled in the Lancaster Church of Christ Thursday School (2007-2008) and to be involved in those activities associated with the program.

Signature _____ Date: _____

Where did you hear about our Thursday School? _____

enrollment form