

Holy Covenant Child Development Center

2022-2023 Registration Application

Date: _____

Child's Name:

First Middle Last

Child's Birth Date: ____/____/____ Male _____ Female _____
MO DAY YEAR

Mother's Cell: _____ Father's Cell: _____

Mother's EMAIL:(Print Carefully) _____

Father's EMAIL: (Print Carefully) _____

Street Address: _____

City, State, Zip: _____ Subdivision _____

Mother's Name: _____

Mother's Address: (If different from above) _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____

Father's Address: (If different from above) _____

Father's Employer: _____ Work Phone: _____

Do you have a church home? _____ If yes, please tell us where. _____

To the best of my knowledge, the above information is accurate and truthful. I am aware that registration fees and advanced May tuition paid to Holy Covenant CDC are **non-refundable for any reason.**

Parent or Guardian Signature

(For Office Use Only)

Class: _____

Registration Fee: _____

Payment: _____

Start Date: _____