Holy Covenant Child Development Center

2023-2024 Enrollment Application

Date: _________________

Child's Name: ____
First Middle Last

Child's Birth Date: ______/______/______ Male__________ Female__________
MO DAY YEAR

Street Address: ____

City, State, Zip: ______________________________Subdivision _____________________________

Mother's Name:_________________________________ Mother's Cell:_______________________

Mother's EMAIL: (Print Carefully)____

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

Mother's Employer: _____________________________________Work Phone: _______________

Father's Name:_________________________________Father's Cell:_________________________

Father's EMAIL: (Print Carefully) ____

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 supply fees paid to Holy Covenant CDC are **non-refundable**. I am also aware that my child must have an up to date immunization record in order to attend this program.

____
Parent or Guardian Signature

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(For Office Use Only)

Class: __________________ Registration Fee: _____________ Advanced May: ___________

Start Date: _______________ Payment:___________________ Payment:_________________

Date:______________________ Date:____________________

Application Fee:___________

Payment:_________________