

Lake Highlands Presbyterian Child Development Center
Fall Enrollment 2009

Date of Admission

___/___/___

Child's Information:

Child's Full Name _____

D.O.B ___/___/___ Sex M or F _____

Address _____

City _____ State _____ Zip _____ Home # _____

Child's age _____ Grade _____ School starts _____ a.m Ends _____ p.m

School _____ Take ___ Pick-up _____

School Address _____ Phone# _____

Parent/Guardian Information:

Father's

Name _____

Mailing Address _____

City _____ Zip _____ Cell# _____ Work# _____

Employment _____

Best Contact _____ Email: _____

Mother's

Name _____

Mailing Address _____

City _____ Zip _____ Cell# _____ Work# _____

Employment _____

Best Contact _____ Email: _____

Emergency Phone Numbers:

