

Impact

Student Enrollment Form

Student's Name _____ { } Male { } Female
Last First M.I.

Address _____
Street City State Zip

Home Phone (____) ____-____ Date of Birth ____/____/____ Grade entering 18/19 ____
Mo Day Yr.

Family Information

Mother's Name _____ Cell (____) ____-____ Work (____) ____-____
First Last (if different than child's)

Email _____ Employer _____

Father's Name _____ Cell (____) ____-____ Work (____) ____-____
First Last (if different than child's)

Email _____ Employer _____

Marital Status () married () separated () divorced () widowed () single parent

- If divorced or separated, please indicate student's primary residence () Mother () Father
- May the non-custodial parent pick up the child? ____ If no, legal documentation from the court is required
Yes or No

Are there any special instructions on how to reach you while your child is in our care?

Pick Up / Drop Off

I give permission for my child to leave Zion Congregational Church with the following persons named below. It is the responsibility of the parents to notify the church, in writing, of any changes.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person (s) **NOT** authorized to pick up child: _____