

# 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 24/25 \_\_\_\_  
Mo Day Yr.

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### 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?  
\_\_\_\_\_

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### 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: \_\_\_\_\_