

# Genesis Kids Academy Enrollment Form

( \$150 Registration Fee required to confirm enrollment)

DATE OF ENROLLMENT: : \_\_\_\_\_ START DATE: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_ CHILD IS CALLED: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

POTTY TRAINING: \_\_\_\_ IN PROGRESS \_\_\_\_ COMPLETED

COMMENTS: \_\_\_\_\_

HOURS OF ENROLLMENT: 8:00AM-2:30PM \_\_\_\_ 7:00AM-5:30PM \_\_\_\_

Photos approved online: \_\_\_\_ yes \_\_\_\_ no

PARENT/PARENTS/ GUARDIAN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

MOM'S WORK PLACE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOM'S CELL PHONE: \_\_\_\_\_

MOM'S EMAIL ADDRESS: \_\_\_\_\_

DAD'S WORK PLACE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DAD'S CELL PHONE: \_\_\_\_\_

DAD'S EMAIL ADDRESS: \_\_\_\_\_

DO YOU HAVE A HOME CHURCH: \_\_\_\_ YES \_\_\_\_ NO

CHURCH NAME \_\_\_\_\_

PLEASE LIST ANY PLAY RESTRICTIONS, SPECIAL MEDICAL PROBLEMS, FOOD ALLERGIES, ETC.

\_\_\_\_\_  
\_\_\_\_\_

OTHER PRESCHOOL PROGRAM(S) OR DAYCARES MY CHILD HAS ATTENDED:

\_\_\_\_\_  
\_\_\_\_\_