



His Kids Children Center

Application for Enrollment

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Father's Name: _____ Phone: _____

Address: _____

Mother's Name: _____ Phone: _____

Address: _____

Preferred Start Date: ____/____/____

Schedule (circle):

Full Day Part Time Before/After School

Circle Days Needed: M T W Th F

Previous School Attended: _____

How did you hear about His Kid's? _____

I understand that the registration fee is non-refundable.

Parent Signature: _____ Date: _____

(For Office Use Only)

Forms _____ Interview Date ____/____/____ Registration Fee _____

Room Assignment _____ Staff Initial _____