

DAVIS MEMORIAL CHRISTIAN CHURCH PRESCHOOL
ENROLLMENT INFORMATION 2025-2026

Child's Name: _____ Sex _____
Last _____ First _____ Middle _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthday: _____ Current Age: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Employment: _____ Employment: _____

Employment Phone: _____ Employment Phone: _____

Emergency Contact:

Name _____ Phone _____

Address: _____

Physician to call if child becomes ill or injured:

Name _____

Hospital or Clinic _____

Telephone: _____

How did you hear about our registration? Facebook _____ Newspaper _____ Radio _____ Other _____

Signature of Parent or person placing child and today's date