DAVIS MEMORIAL CHRISTIAN CHURCH PRESCHOOL
ENROLLMENT INFORMATION 2026-2027
Tuition: $125.00 per month

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