Campbellsville Christian Church Center for Education
Registration Application

Please mark all classes you are interested in applying for. This application must be returned to the church office in order to register for our programs. You may mail the completed application to Campbellsville Christian Church Center for Education, 302 Lebanon Avenue, Campbellsville, KY 42718. You will be contacted for registration in the spring prior to the school year your child will attend. Should you move, please contact the church office to update your address (465-5571 or email brendajparrish@live.com).

____ **Glow Worms: must be 3 years old by August 31 and POTTY TRAINED**
Year 20____ Preference: ___ Mon/Tues A.M. class (9:00-11:20)
___ Wed/Thurs A.M. class (9:00-11:20)
___ Tues/Wed P.M. class (12:00-2:20, if enough register)

____ **Pre-Kindergarten: must be 4 years old by October 1**
Year 20____ Preference: ___ Morning class (8:30-11:30)
___ Afternoon class (12:00-3:00)

____ **Kindergarten: must be 5 years old by October 1**
Year 20____

____ **First Grade: must be 6 years old by October 1**
Year 20____

Child's Full Name _____ ___ boy ___ girl
Name child goes by _____ date of birth _____ phone # _____
Address _____ _____ _____
Street address City Zip Code

Mother		**Father**
_____	Name	_____
_____	Address (if different)	_____
_____	Home phone (if different)	_____
_____	Cell Phone	_____
_____	Place of employment	_____
_____	Work Phone	_____
_____	email	_____

Additional contacts in case you can't be reached:
Name _____ phone _____
Name _____ phone _____

Are you members of Campbellsville Christian Church? ___ yes ___ no If not, where do you currently attend church? _____ Are you members there? ___ yes ___ no

Have you had other children attend our programs? ___ yes ___ no
If yes, please list: _____

Does your child have any limitations or medical conditions that we should be aware of? _____
_____

Additional comments: _____
_____

Parent's signature _____ date _____

(for office use only) date received _____