

# 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](mailto:brendajparrish@live.com)).

<input type="checkbox"/> <b>Glow Worms: must be 3 years old by <u>August 1</u> and <b>POTTY TRAINED</b></b>	
Year 20 _____	Preference: <input type="checkbox"/> Mon/Tues A.M. class (9:00-11:20) <input type="checkbox"/> Wed/Thurs A.M. class (9:00-11:20) <input type="checkbox"/> Tues/Wed P.M. class (12:00-2:20, if enough register)
.....	
<input type="checkbox"/> <b>Pre-Kindergarten: must be 4 years old by <u>August 1</u></b>	
Year 20 _____	Preference: <input type="checkbox"/> Morning class (8:30-11:30) <input type="checkbox"/> Afternoon class (12:00-3:00, if enough register)
.....	
<input type="checkbox"/> <b>Kindergarten: must be 5 years old by <u>August 1</u></b>	
Year 20 _____	
.....	

Child's Full Name \_\_\_\_\_  boy  girl  
Name child goes by \_\_\_\_\_ date of birth \_\_\_\_\_ phone # \_\_\_\_\_  
Address \_\_\_\_\_

<small>Street address</small>	<small>City</small>	<small>Zip Code</small>
<b>Mother</b>		<b>Father</b>
_____	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 \_\_\_\_\_

