

**Elizabethtown Christian Education Ministries**  
**1800 West Broad Street**  
**Elizabethtown, NC 28337**  
**910-862--3427**

*Please Select the Program(s) you Are Enrolling Your Child*

**DaySchool**

\_\_\_\_ 2 Year Old (T, Th)  
\_\_\_\_ 3 Year Old (M, W, F)  
\_\_\_\_ 4 Year Old (M, W, F)  
\_\_\_\_ 4 Year Old all 5 days

**Academy**

\_\_\_\_ Kindergarten  
\_\_\_\_ 1<sup>st</sup> Grade  
\_\_\_\_ 2<sup>nd</sup> Grade  
\_\_\_\_ 3<sup>rd</sup> Grade  
\_\_\_\_ 4<sup>th</sup> Grade  
\_\_\_\_ 5<sup>th</sup> Grade

**After School**

\_\_\_\_ Preschool  
Circle Grade: K 1 2 3 4 5  
Circle Days: M, T, W, Th, F

\*Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

\*Address \_\_\_\_\_ Telephone \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

\*School Transferring From \_\_\_\_\_ School's Address \_\_\_\_\_

Parent's Marital Status (Circle One):    Married    Single    Separated    Divorced    Widowed

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Email \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Email \_\_\_\_\_ Mother's Cell \_\_\_\_\_

If Parent's are separated or divorced, who has legal custody of student? \_\_\_\_\_

Other children in Family (Name, age, and sex of each) \_\_\_\_\_  
\_\_\_\_\_

Others living in household (Give name and relationship) \_\_\_\_\_

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Church your family currently attends \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Address of church \_\_\_\_\_ Do you attend Sunday School? \_\_\_\_\_

Is the father a born-again Christian? \_\_\_\_\_ Is the mother a born – again Christian? \_\_\_\_\_

If not a church member, please indicate your denominational preference: \_\_\_\_\_

\*Name of person(s) and telephone number(s) to call in case of emergency during school hours:

\_\_\_\_\_/\_\_\_\_\_ Relation to Child \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Relation to Child \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_ Relation to Child \_\_\_\_\_

\*Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

\*Does your child have any allergies? (Circle One) Y or N If yes, please explain \_\_\_\_\_

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\*Explain any disabilities of the student (visual, hearing, learning, speech, emotional, etc.): \_\_\_\_\_

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\*Medic Alert (asthma, diabetes, epilepsy, allergies to medication, etc.) \_\_\_\_\_

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Person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

\*Required Information for each child