



FAMILY INFORMATION

Registration fee must accompany application

Child's Name _____ Child's Date of Birth _____ Date _____

Child lives with: Mother Father Stepfather Stepmother Guardian

FATHER'S INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employer Name _____

Employer Address _____

MOTHER'S INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employer Name _____

Employer Address _____

GENERAL INFORMATION

Church _____ Pastor _____ Phone _____

Address _____ City _____ Zip _____

How did you hear about Neighborhood? _____

Please indicate method of payment: I will pay in full before August 1 to receive \$50 discount

Automatic Deduction from my account through FACTS

School Office Use:

Date Reg. Paid ___/___/___ Check # _____ Amount _____

Start Date _____ Withdrawal Date _____

Packet Sent ___/___/___