



ST. ELIJAH MOM'S DAY OUT & PRE-K ENROLLMENT SUMMER 2024

Date of Application _____

Student's Name _____

Last

First

Middle

Preferred Name _____ Male Female Birthdate _____

Class Interested _____

Sessions Interested #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

Mother's Full Name _____ Cell Phone _____

Father's Full Name _____ Cell Phone _____

Home Address _____

Street

City

State

Zip

Preferred Email _____

Siblings Attending St. Elijah 2024

Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

Name _____ Age _____ Class _____

EMERGENCY CONTACTS

In the event of an emergency please list two (2) people, other than parents, who would be willing and able to come pick up your child in the event that St. Elijah staff were unable to reach the parents.

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Address _____

Street

City

State

Zip

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Address _____

Street

City

State

Zip