

PRECIOUS MOMENTS CHRISTIAN ACADEMY

Student's Name _____ Admission Date _____

Program _____ Classroom _____

Student's DOB _____

Enrolling Parent/Guardian Name _____

Home Address _____

City _____ Zip Code _____

Mobile # _____ Home Phone # _____

Email Address _____

1. Is the child on any medication, including vitamins? yes / no

2. If yes, please list _____

3. Date of last physical _____

4. Does your child have a TSS/BSC? yes / no

5. Are you currently enrolled CCIS/ELRC subsidy? yes / no

Current Copay \$ _____

6. If yes, which county? Pike County / Monroe County / Northampton

Current Schdx: Mon Tue Wed Thu Fri Drop Off Time _____ Pick Up Time _____

7. Is there a court/custody order in place? yes / no

Registration Fee: \$35.00

Paid: Cash _____ Check _____

MC/Visa/Amex _____

Receipt # _____

I agree to promptly notify PMCA of any changes to the above information. Providing false information can result in termination of childcare services.

Enrolling Parent's Signature

Date