



2018-2019 Wee Love Learning Center Enrollment Application

Half-day Option Choices: (Check your choice: days and time)

AM

2 day (T/TH)

3 day (T-TH)

4 day (M-TH)

PM

Student' Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Age: _____ Gender: _____

Birthdate: _____ Baptized? _____ Yes _____ No

Home Church (if any): _____

How did you hear about us? _____

Other Members of the Household (age and relationship): _____

Father's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Work Phone: _____

Employer: _____

Home Church (if any): _____

Mother's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Work Phone: _____

Employer: _____

Home Church (if any): _____

For use by Wee Love Learning Center Staff

Date received: _____ Time: _____ By Whom: _____