



# Day Care Enrollment Application

1936 Banks School Road ♦ Kinston, NC 28504 ♦ [www.bcatrojans.com](http://www.bcatrojans.com)  
 p 252.522.4636 f 252.523.7290

Date Registered: \_\_\_\_\_ Class: \_\_\_\_\_

## STUDENT INFORMATION

Last Name:		First Name:		Middle Name:		Preferred Name:	
Age of Child:	Date of Birth:		Social Security #:		Gender:	Race:	
Child lives with:		Allergies / Medical Conditions:					

## PARENT / GUARDIAN INFORMATION

Marital Status: ( ) Married ( ) Widower ( ) Separated ( ) Divorces ( ) Remarried Custodial Status: ( ) N/A ( ) Sole ( ) Joint w/ _____							
Last Name:		First Name:		Receives Mail: YES or NO		Receives Bill: YES or NO	
Mailing Address:				Email Address:			
Home Phone: ( ) -		Cell Phone: ( ) -		Cell Phone Carrier:			
Employment:		Occupation:		Work Phone: ( ) -			
Church Attending/Pastors Name:		Are you a Christian? YES or NO On what do you base your answer?					

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Home Phone: ( ) -		Cell Phone: ( ) -		Cell Phone Carrier:			
Employment:		Occupation:		Work Phone: ( ) -			
Church Attending/Pastors Name:		Are you a Christian? YES or NO On what do you base your answer?					

## EMERGENCY INFORMATION

If neither father, mother, or guardian cannot pick up your child, please give the name of persons to whom the child can be released:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_

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