

K-Force New Enrollee Form

Date: _____

<i>Child's First & Last Name</i>	<i>Previously attended?</i>	<i>M / F</i>	<i>Birth date</i>	<i>School Grade</i> <i>Sept. 09/10</i>	<i>Baptized?</i> <i>Yes / No</i>	<i>Office Use</i> <i>Teacher/ Code</i>

Parent (s) names:

Address:

Zip Code:

Phone Number:

Home Church:

Please note that we frequently take photographs and videos that may be used in the classroom or for presentations.

Please indicate special concerns or requests regarding your children below (i.e. special needs, allergies, etc.)

