

## Enrollment/Re-Enrollment

Pilgrim Christian Day School, 7200 Liberty Road, Baltimore, MD 21207 7, Telephone: 410 484—9240

New Enrollment Fee: \$150.00

Re—Enrollment Fee: \$75.00

Application for (Circle one): Pre-K (3yr. old/4yr. old) K , Grade 1, 2, 3, 4, 5

Extended Care: Morning ; Evening: ; Both ; Neither

Child's Name:

First Name                  Initial                  Last Name                  Birthday

Address:

Number                  Street                  Apt

City                  State                  Zip

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

(Mother, father, stepfather, etc.)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Active Member: (Circle one) Yes, No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

(Mother, father, stepfather, etc.)

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Active Member: (Circle one) Yes, No

Has this child been baptized? (Circle one) Yes, No

If Yes, when and where baptized? \_\_\_\_\_

Where will child attend Church and/or Sunday School? \_\_\_\_\_

If either parent is deceased or if parents are legally separated or divorced, please so indicate: \_\_\_\_\_  
Also, indicate legalities the school should be aware of i.e., joint custody, etc.

\_\_\_\_\_

\_\_\_\_\_

## Pilgrim Christian Day School Enrollment Application

Current School (Name): \_\_\_\_\_

Location: \_\_\_\_\_

Grade: \_\_\_\_\_

Having fully and satisfactorily acquainted myself with the purpose, program and policies of Pilgrim Christian Day School and the Extended Care Services, I hereby make application for the admission of my child. I pledge my wholehearted support and cooperation with the administrative, educational and financial policies of the school. Through prayer and Christian example, I will support the moral and Christian training of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Pediatrician's Name: \_\_\_\_\_ Telephone no. \_\_\_\_\_