

DAY SCHOOL APPLICATION

ROLLA CHURCH OF CHRIST

Children **MUST** be 3 or 4 years of age before August 1 of current school year
AND **MUST** be fully potty trained to be accepted into their appropriate class.

Child's Name: _____ **MALE/FEMALE (Circle One)**

Age: _____ Date of Birth: ____/____/____

Is child currently attending Day School at Rolla Church of Christ? Y / N

Address: _____

Home Phone: _____

Father: _____ Place of Employment: _____

Address (if different than the child's) _____

Phone: _____ Work Number _____ Cell _____

Mother: _____ Place of Employment: _____

Address (if different than the child's) _____

Phone: _____ Work Number _____ Cell _____

Allergic to milk? Y / N Other allergies (food items, medications, etc) Please

list: _____

Emergency contact (name & phone): _____

Doctor to be contacted if family member cannot be located: _____

Others authorized to pick up child: _____

Are you willing to be a Teacher's Aide? Y / N

Being an Aide, you will not be in your child's class. How often would you be able help?

Both Days _____; Tuesdays only _____; Thursdays only _____.

Religious affiliation: _____ Attend regularly Y / N

Looking for a church home Y / N