

# Enrollment Form



Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_  
First Last mm/dd/yy

Boy ☐ Girl ☐ Home Church \_\_\_\_\_

Special Needs or Allergies

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Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

- ☐ Enroll my child in the Monday, Wednesday, and Friday Morning class  
☐ Enroll my child in the Monday, Wednesday, and Friday Afternoon class

You will receive more paperwork and information later, including a form to be filled out by your child's doctor stating that he or she is in good physical health and up-to date on immunizations.

Submit this form and a \$30 non-refundable enrollment fee (payable to Timber Lake Christian Church) to:

**Timber Lake Christian Church  
1624 Gratz Brown  
Moberly, MO 65270**