

**APPLICATION FOR ADMISSION
GILLIAM SPRINGS BAPTIST CHURCH
CHILD DEVELOPMENT CENTER**

Date of Application _____ Desired Date of Enrollment _____

Child's Name _____ Phone # _____

Home Address _____ City/St./Zip _____

Age _____ Birthdate _____ Sex _____

Previous School Attended _____

Father's Name _____

Business Address _____ Phone# _____

Mother's Name _____

Business Address _____ Phone# _____

Religious Affiliation _____

How did you find out about our program? _____

Days desired: Monday Tuesday Wednesday Thursday Friday

The Gilliam Springs Baptist Church Child Development Center reserves the right to accept/deny any applicant admission.

To be filled Out By CDC Office

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Date of interview _____ Interviewed by _____

Date of enrollment _____ Class Assignment _____

Registration of \$ _____ (Paid) _____ (Date) _____

Notes: _____
