

Early Childhood Education Program Registration 2026/2027

Child's Full Name *

Date of Birth *

Address *

Parents/Guardian *

Phone number *

Marital Status *

Married, Single, Divorced, or Separated

Siblings and their Date of Birth *

Religion *

Home Church *

School District *

Mother's Full Name *

Phone number *

Address *

Email *

Employer *

Work Phone *

Occupation *

Employer Address *

Days and Hours you work *

Father's Name *

Phone Number *

Address *

Email *

Work Phone *

Occupation *

Employer Address *

Days and Hours he works *

Living Word Member *

How did you hear about us? *

Program *

5 days \$300 per month

4 day option \$275 per month/ please write what days of the week

3 day option \$250 per month/ please write what days of the week

2 day option \$225 per month/ please write what days of the week

Parent/ Guardian Signature *

There is also a \$100 non refundable fee

We also require an up to date physical form, lead risk questionnaire, and copy of child's birth certificate.