



Enrollment Card

Carmel Kidz Uptown on Sunday

DATE : _____

Child: _____
Last Name First Name MI

Hour (please circle one): 9:30 11:00

Gender (please circle one): male female **Grade:** _____ **Date of Birth:** _____

Address: _____
Street City State Zip

Phone Numbers: _____ home _____ work **E-mail:** _____

Allergies/Health Concerns: _____

Parent(s)/Guardian(s) (Circle one): _____

Allergies/Health Concerns: _____

School Attending: _____

Previous Church Attended: _____

Location of Parents during Sunday School: _____

Office Use Only: Name Tag Small Group Assignment Welcome Letter Follow Up Phone Call Other: _____