

Date \_\_\_\_\_

# Ebenezer Baptist Church Weekday Ministry

## Waiting List Form

Child's Name: \_\_\_\_\_

First Middle Last Name liked to be called

Mailing Address: \_\_\_\_\_

Street City Zip Code

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female  
(MM/DD/YY) circle one

Previous or current sibling at Ebenezer: Yes No If yes, Name: \_\_\_\_\_

Ebenezer Baptist Church member Yes No

### Parent/Guardian Contact Information

Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

\_\_\_\_ Nursery

\_\_\_\_ Toddler

\_\_\_\_ 2K

\_\_\_\_ 3K Child must be 3 before September 1.

\_\_\_\_ 4K Child must be 4 before September 1.

\_\_\_\_ 4K Half Day 8:00-12:00

\_\_\_\_ After-school Care

Grade \_\_\_\_\_ School Year \_\_\_\_\_

School Attending \_\_\_\_\_

\_\_\_\_ Day Camp Grade last completed \_\_\_\_\_