

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 _____