

I anticipate using the Center from \_\_\_\_\_ to \_\_\_\_\_ (indicate hours).



Full Time   
Part Time MWF   
Part Time TTh   
Infants - full time only

P. O. Box 208 Chattanooga, TN 37401  
(423) 265-9736 FAX (423) 756-8589 btrobaugh@fcmc.org

### ADMISSION APPLICATION

\*Are you a First-Centenary member in good standing? \_\_\_\_\_ \*Is there a sibling enrolled in the CEC? \_\_\_\_\_  
Date of Needed Enrollment \_\_\_\_\_ Date of Pre-placement Tour \_\_\_\_\_

Date of Application \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Child's Full Name \_\_\_\_\_ What does the child like to be called \_\_\_\_\_

Name of mother \_\_\_\_\_ Home telephone \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_ Work telephone \_\_\_\_\_ Work hours \_\_\_\_\_

Email Address \_\_\_\_\_

Name of father \_\_\_\_\_ Home telephone \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_ Work telephone \_\_\_\_\_ Work hours \_\_\_\_\_

#### EMERGENCY INFORMATION (Contact if parents cannot be reached):

1. \_\_\_\_\_  
Name Work telephone Home telephone
2. \_\_\_\_\_  
Name Work telephone Home telephone
3. \_\_\_\_\_  
Name Work telephone Home telephone

Name of physician \_\_\_\_\_ Telephone \_\_\_\_\_

#### LIST NAME(S) OF PERSON(S) TO WHOM THE CHILD MAY BE RELEASED:

1. \_\_\_\_\_  
Name Work telephone Home telephone
2. \_\_\_\_\_  
Name Work telephone Home telephone
3. \_\_\_\_\_  
Name Work telephone Home telephone

There is a non-refundable application fee of \$35.

\*Siblings and First-Centenary Church Members are given priority for enrollment.