

# The Tabernacle Learning Center of Danville, Inc.

1978 South Boston Road, Danville, Virginia 24540 - Telephone (434) 822-6100, Ext 302

## Application for Admission

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Enrolling in: Kindergarten 3 \_\_\_\_\_ Kindergarten 4 \_\_\_\_\_ Kindergarten 5 \_\_\_\_\_

No. of Days: Monday-Friday \_\_\_\_\_ Monday/Wednesday/Friday \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_ Home Address (If different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Firm \_\_\_\_\_ Name of Firm \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Are parents: \_\_\_\_\_ Married and living together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

If parent (s) is/are not living, state name and relationship of guardian.

Who has legal custody of applicant? \_\_\_\_\_

Please send all mail to: Home Address \_\_\_\_\_ Business Address \_\_\_\_\_ Other \_\_\_\_\_

Church attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Please check services attending on a regular basis:

Sunday School \_\_\_\_\_ Morning Worship \_\_\_\_\_ Sunday Evening Worship \_\_\_\_\_ Mid Week Service \_\_\_\_\_

List allergies, if any \_\_\_\_\_

List medications, if any \_\_\_\_\_

Physician to call in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Emergency friend \_\_\_\_\_ Phone \_\_\_\_\_

**A \$100.00 NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION FOR ADMISSION. IF NOT ACCEPTED, REGISTRATION FEE WILL BE RETURNED.**

Date Application Received \_\_\_\_\_

Registration Paid \_\_\_\_\_