

Application for Enrollment

Evangel Learning Center
5720 Buncombe Rd. Shreveport, LA 71129
318-683-1143
318-683-1146 Fax

Date _____
Child's Name _____ Sex _____ Ethnic _____
Address _____ City, State, Zip _____
Home Phone# _____
DOB _____ Admission Date _____ Teacher _____

Parent Information

Marital Status _____ Number of children _____ Ages _____ Attend ECA? _____
Religious Affiliation _____ Church _____
Child lives with _____

Father's Name _____
Address _____ Home Phone _____
Employment _____ Work Phone _____
Cell # _____ Pager _____

Mother's Name _____
Address _____ Home Phone _____
Employment _____ Work Phone _____
Cell # _____ Pager _____

List all previous childcare or preschool
arrangements _____

Describe child's past illnesses and/or physical defects _____
Describe child's habits _____
Likes _____ Dislikes _____
Ability to play with other children _____

Person to call in emergency when parent cannot be reached

Name _____ Relationship _____
Address _____ Phone # _____

2nd Contact

Name _____ Relationship _____
Address _____ Phone # _____

Transportation Arrangements

Person other than parents to whom the child may be released
_____ (They must show picture ID)

Number of days child is to attend _____

Emergency Medical Information

Doctor _____ Address _____

Phone _____

Dentist _____ Address _____

Phone _____

Insurance Company _____

Hospital _____

Any allergies that your child may have

- Please note: All phone and contact numbers must be current and updated when needed.

Parent's Signature _____ Date: _____