



## Divinity CDC Enrollment Application

**Please complete ALL sections of this form for enrollment acceptance:**

Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN# \_\_\_\_\_

Child's Home Address  
\_\_\_\_\_  
\_\_\_\_\_

Child's Home Phone#: \_\_\_\_\_

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

Mother's Date of Birth \_\_\_\_\_

Mother's SSN# \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Home # \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Home # \_\_\_\_\_

Father's Date of Birth \_\_\_\_\_

Father's SSN# \_\_\_\_\_

Times Service Needed (ex: Mon-Fri; 7am to 3 pm) \_\_\_\_\_

**Program:**

Two's \_\_\_\_\_ Four's \_\_\_\_\_ Before & After School  
\_\_\_\_\_

Three's \_\_\_\_\_ Five's \_\_\_\_\_ Before or After School \_\_\_\_\_

Please include your fax# and/or E-Mail address to receive further updates from us.

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