

INTAKE FORM - SCHOOL YEAR 2024 - 2025

_____	_____	_____
Last Name	Child's First Name	Birth date
_____	_____	_____
Street Address	City	Zip code
(____) _____	_____	
Home Phone	email address	
_____	(____) _____	
Parent #1 Name	Work or cell phone	
_____	(____) _____	
Parent #2 Name	Work or cell phone	

INTERESTED IN – (CHECK ONE)

- | | |
|--|--|
| <input type="checkbox"/> TWO YEAR OLDS | <input type="checkbox"/> FOUR YEAR OLDS |
| <input type="checkbox"/> YOUNGER 3'S | <input type="checkbox"/> JR K/KINDERGARTEN |
| <input type="checkbox"/> THREE YEAR OLDS | |

INTERESTED DAYS AND HOURS (example: MONDAY 8:00-5:00)

- | | |
|------------------------------------|-------|
| <input type="checkbox"/> MONDAY | _____ |
| <input type="checkbox"/> TUESDAY | _____ |
| <input type="checkbox"/> WEDNESDAY | _____ |
| <input type="checkbox"/> THURSDAY | _____ |
| <input type="checkbox"/> FRIDAY | _____ |

Alternate choices/flexibility, comments:

Office Use Only:

Called/Emailed on _____ Returned message on _____

Would like information sent _____ Sent or gave on _____

Tour Scheduled _____

Additional information: _____

How did you hear about Messiah? _____

Invoice # _____ Payment received _____ Amount Paid _____

