



1717 4th Ave.
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RE-ENROLLMENT or UPDATE INFORMATION
SUMMER 2025

Child's Name: First M.I. Last: DOB:

Table with 4 columns: Program (circle), Infant (0-18m), Toddler-3yr., PreK-3: OR PreK-4:, School-age:
M-F (only option), *M-F, *M F, *T TH, *M-F, *M F, *M F, *T TH, *M F, *M W F (approval needed), *T TH (approval needed)

*Enrolled Days of Week are based on current enrollment availability. Please circle your preferred choice.

Parent/Guardian 1 Name:
Home Address:
Mailing Address:
Email Address: Occupation/Employer:
Phones: home: cell: work:
Cell phone service provider (for texting purposes):
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other
Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other
Mark all that apply: [] Child Lives With [] Emergency Contact [] Authorized Pick up

Parent/Guardian 2 Name:
Home Address:
Mailing Address:
Email Address: Occupation/Employer:
Phones: home: cell: work:
Cell phone service provider (for texting purposes):
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other
Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other
Mark all that apply: [] Child Lives With [] Emergency Contact [] Authorized Pick up

I would like to receive information on First Baptist Church: Yes Please No Thank You

List any changes for additional emergency contacts and authorized pick up:

Add or Remove or Make Changes to this person (circle one)

First Name: M.I. Last Name:
Address:
Phones: home: cell: work:
Relationship to Child: [] Emergency Contact [] Authorized to pick up child

Signed: Date: