



Messiah International Ministries Mentorship Program One On One Childcare Enrollment Form (Ages 2-8)



Date _____

Parent's Name _____

Address _____

City: State: Zip Code _____

Phone _____

Email _____

Number of Children in enrollment? _____

Does any child have a Medical condition? If Yes please explain below _____ No

Name of Child _____	Age _____	Medical Circle _____	Yes _____	No _____
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Name of Child _____	Age _____	Medical Circle _____	Yes _____	No _____
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Name of Child _____	Age _____	Medical Circle _____	Yes _____	No _____
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I agree to sign this enrollment form and have read the Guidelines for my child(ten) to participate in the Mentorship Childcare Program.

Signature of Parent _____

Date: _____

Received By _____

Date _____