

Messiah International Ministries
God's Little Princesses
Enrollment Form
(Ages 2-8)



Date _____

Name _____

Address _____

City _____

Phone _____

Email _____

Parent's Name _____

Date of Birth _____

| | | |
|-------|-----|-------|
| Child | Age | Skill |
|-------|-----|-------|

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|-------|-----|-------|
| Child | Age | Skill |
|-------|-----|-------|

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| Child | Age | Skill |
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|-------|-----|-------|
| Child | Age | Skill |
|-------|-----|-------|

I release my daughter(s) to participate in the God's Little Princess program at Messiah International Ministries. I sign this permission enrollment form with the understanding all materials will be geared to teaching and enhancing their skills of maturation. This will include studying the Word of God, writing, reading, singing and dance, which will not be limited to advance her learning skills.

Signature of Parents _____

Date: _____

Received By _____

Date _____