



Family/Student Enrollment Form

_____ School Year

_____ New Family

_____ Returning Family

Student's Name: _____

Date of Birth: _____

List any allergies: _____

Grade: _____

Student's Name: _____

Date of Birth: _____

List any allergies: _____

Grade: _____

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Grade: _____

Student's Name: _____

Date of Birth: _____

List any allergies: _____

Grade: _____

Student's Name: _____

Date of Birth: _____

List any allergies: _____

Grade: _____

Parent/Guardian Name: _____

Address: _____

Home Phone #: _____ Cell#: _____

Email: _____

Facebook: _____

New Family Membership: \$135.00 Check/Cash

Returning Family Membership: \$110.00 check/cash

For Credit/Debit card payments – We use PushPay through
Wilson Ave Baptist Church
Scan the QR for card payments

