ENROLLMENT 2024-2025

CHILD INFORMATION: Male ____ Female _____ Date of Birth _____ Age (**as of 8/23/2024**) _____

Full Name: _____

First Middle Last Nickname (name called)

Child's Physical Address: _____

****Preferred** Email Address to be used: (Email address belongs to _____)

(Name of person with this email address)

****Additional** Email Address #2: **(optional)** (Email address belongs to _____)

****Will receive all communication with class and financial emails.****

(Name of person with this email)

FAMILY INFORMATION: Child lives with: _____

Mother/Guardian's Name: _____

Address (if different from child's): _____

Work Ph: _____ Cell Ph: _____ Home Ph: _____

Father/Guardian's Name: _____

Address (if different from child's): _____

Work Ph: _____ Cell Ph : _____ Home Ph: _____

Who to contact first in emergency: _____ Number: _____

Child Allergies: _____

Church attending: _____ List names and ages of siblings:_____

Will your child attend kindergarten in the 2025-2026 school year? ☐ YES ☐ NO ☐ MAYBE

7600 Falls of Neuse Road, Raleigh 27615
Phone 919-847-0160/FAX-919-847-0606
tgp.mvbc@gmail.com