

# Lovell Weekday Ministry Waiting List Application

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## Personal Information

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Known As: \_\_\_\_\_

Due Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you would like your child to begin program: \_\_\_\_\_

