



## RE Enrollment Application

Great Revelations Academy

6400 Miller Rd. Dearborn MI, 48126 (313)254-4504

Childs Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with-(Circle One) (PARENTS)-(MOTHER)-(FATHER)-(GUARDIAN): \_\_\_\_\_

Parent(s)/ Guardian Name:

Mother/Guardian \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Father/Guardian \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contacts:

Emergency Contact #1 \_\_\_\_\_ Emergency Contact #2 \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

The following have permission to check out my child:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_