



HOLY CROSS EARLY LEARNING CENTER

125 Glasgow Terrace, Mahwah, NJ 07430

201/529-2117

INFORMATION DATA FORM

Today's Date: _____

Child's Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: home/ _____ cell--mom/dad _____

Ethnicity (required by the State): _____

Church Denomination: _____

Baptized: Yes _____ No _____ Baptism Date: _____

Church where baptized: _____

Does your child attend Sunday School? Yes _____ No _____
Where? _____

Father's Name _____ Occupation: _____

Business Name & Address: _____

Phone: _____

Church Affiliation: _____ How active: _____

Mother's Name _____ Occupation: _____

Business Name & Address: _____

Phone: _____

Church Affiliation: _____ How active: _____

Married, Separated, Divorced, or Other _____

Other comments: _____