



Train a Child Center

Family Application
205 Mantorville Ave. South
Kasson, MN 55944
(507) 721 - 2500
info@trainachildcenter.com



Parent Information

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ Email: _____

Relationship to child(ren): Parent Grandparent Foster Parent Guardian Other

Marital Status: Single Married Divorced Widowed Remarried

Days committed to being at the TACC Center: Tues Wed Thurs Fri

I/we agree to abide by the terms and conditions of enrollment in the TACC as outlined in the TACC Family Handbook

Number of children in home: _____ Number of adults in home: _____

Areas of interest which you would consider sharing with other TACC participants: _____

Briefly describe your faith history: _____

Secondary Contact: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ Email: _____

In case of emergency contact: _____

Train a Child Center

Student Information

Child 1: _____ Nickname: _____

Date of Birth: _____ Entering Grade: _____

Previous Schools Attended: _____

Special Considerations: _____

Custodial Parent: Mother Father Both Guardian Other

Gender: Male Female

Participating in: TACC Christian School After School Kids (ASK)

Child 2: _____ Nickname: _____

Date of Birth: _____ Entering Grade: _____

Previous Schools Attended: _____

Special Considerations: _____

Custodial Parent: Mother Father Both Guardian Other

Gender: Male Female

Participating in: TACC Christian School After School Kids (ASK)

Child 3: _____ Nickname: _____

Date of Birth: _____ Entering Grade: _____

Previous Schools Attended: _____

Special Considerations: _____

Custodial Parent: Mother Father Both Guardian Other

Gender: Male Female

Participating in: TACC Christian School After School Kids (ASK)

Signed: _____ Date: _____