



Full Name _____

Birth Date _____ Sex Male Female

Child

Primary Residence (*please check all that apply*) Parent/Guardian 1
 Parent/Guardian 2
 Other

Expected Date of Enrollment _____

Parent/Guardian 1

- Undergraduate Student
 - full time part time
- Graduate Student
 - full time part time
- Faculty/Staff
 - full time part time
- Alumni
- Wesley Seminary
- Non-AU

Name _____

Home Address _____

Campus Address (*if applicable*) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Phone (*please check one*) Home Work Cell (text capable)

Email _____

Parent/Guardian 2

- Undergraduate Student
 - full time part time
- Graduate Student
 - full time part time
- Faculty/Staff
 - full time part time
- Alumni
- Wesley Seminary
- Non-AU

Name _____

Home Address _____

Campus Address (*if applicable*) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Phone (*please check one*) Home Work Cell (text capable)

Email _____

I/We, the undersigned, agree to the conditions of enrollment as stated in the *Admission and Enrollment Information Bulletin*.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

FOR CDC USE ONLY

Screening Date	Expected Attendance					Check # _____	Date _____
	M	T	W	Th	F		
						Payroll Reduction Form Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Received _____ Received By _____