

Mount Zion Child Development Center
950 File Street, Winston-Salem, NC 27101
Application for Enrollment
Email: mzcddc@ triad.twcbc.com Phone 336)727-0117
Director: Charlene O'Neal

Child's Information: Date of Birth _____

Full Name _____

Child's Physical

Address _____

Family Information: Child Lives with: _____

Father/Guardian's Name: _____ Phone #: _____

Address: _____ Zip Code _____

City/State/Zip: _____

Work Number: _____

Mother/Guardian's Name: _____ Phone #: _____

Address _____

City/State/Zip: _____

Emergency Contacts:

Child will be released only to the Parents/Guardians listed above. The Child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, the parents /guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Number

Person Completing this form: _____ Relationship to Child _____

NOTE: Email Completed form to: mzcddc@triad.twcbc.com
ATTN – Carolyn Richardson, Administrative Assistant