
Family Information

PARENT or GUARDIAN

PARENT or GUARDIAN

Name_____
Name_____
Home Address_____
Home Address_____
Employer_____
Employer_____
Home Phone Work Phone_____
Home Phone Work Phone_____
e-mail_____
e-mail

BROTHERS & SISTERS

GRANDPARENTS

Names and Ages_____
Names and Address (Town/State)**Signature of Parent(s) or Guardian(s):**

Parent/Guardian: _____

Parent/Guardian: _____

Charlevoix Children's House, Inc. has a non-discriminatory policy relative to race, color and national origin with respect to the admission of students and the employment of faculty and administrative staff.

Charlevoix Children's House, Inc. considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.

Please return this form to:cchmont@gmail.com

(231) 547-5599

(please leave a message)

CHARLEVOIX CHILDREN'S HOUSE, INC.**Attn: Enrollment****08700 Mercer Blvd.****Charlevoix, MI 49720**

OFFICE USE ONLY:

Date received: _____ Notes: _____

