



Office Use Only

Registration Fee Paid: Yes _____
Supply Fee Paid: Yes _____
Amount _____ Check # _____
Date Received _____
Immunization Record: Yes _____
Monthly Tuition _____
Sibling _____ Age _____
Class _____ Start: _____

Registration Form

Full Name of Child _____
First Middle Last

Name Child Goes By _____ Sex _____ Date of Birth ____ - ____ - ____

Mother's Name _____ -- _____ Father's Name _____

Does child live with both parents? Yes _____ No _____ If not, with whom? _____

Street Address or PO Box _____

City/State _____ Zip Code _____

Email Address _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Church Member? Yes _____ No _____ If yes, where _____

Interested in Church Membership at First Evangelical Lutheran? Yes _____ No _____

Persons to whom child may be released and relationship to child:

Name of person authorized to act for parent in case of emergency:

Name: _____ Phone: _____

Child's Physician _____ Phone: _____

Does your child have allergies? Yes _____ No _____ If yes, what? _____

Please give any other information the teacher should know about your child's physical condition, habits, likes and dislikes, nap time, etc.

Signature _____ Date _____