

CARING FOR KIDS 1ST ENROLLMENT FORM - 2026

A ministry of First Lutheran Church at 1234 SW Fairlawn Road, Topeka

Child's Given Name _____
First Name Middle Name Last Name

Name Your Child Goes By _____ Date of Birth _____

Male _____ Female _____ Age _____ School Attending _____

Primary Care Giver _____

Circle One - Parent - Step-Parent - Guardian - Grandparent - Foster

Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Work # _____

Home # _____ E-mail Address _____

Other Care Giver (If Applicable) _____

Circle One - Parent - Step-Parent - Guardian - Grandparent - Foster

Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Work # _____

Home # _____ E-mail Address _____

Child's Shirt Size _____ A shirt will be provided for your child for field trips.

Explain any allergies, concerns, or special needs that would be important for us to know.

Please list activities your child enjoys. _____

Parent's Signature _____ Date _____