

# CARING FOR KIDS 1ST ENROLLMENT FORM - 2025

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 \_\_\_\_\_