

Registration Form Christ Lutheran School

208 Langston Road, Perry, Georgia 31069
christlutherschoolperry@gmail.com Ph/Text: 478-397-5914

Directions: Return of this completed Registration form with the non-refundable \$100 Registration fee reserves a place for your child in Christ Lutheran School. The registration fee is just \$50 if returned by March 30. This registration form may be returned via mail or by email to christlutherschoolperry@gmail.com

Registering Child for Grade Level _____ (Our age cutoff is ordinarily Aug. 1)
Registering for School Year: 20____ - 20_____

_____ **Student First Name** _____ **Middle Name** _____ **Last Name** _____ **Gender** M F

Preferred First Name (if different from above): _____ **Date of Birth:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Child lives with: ___ Both Parents ___ Father ___ Mother ___ Other: _____

Current School and Teacher (If applicable): _____

Mother's Name: _____

Cell: _____ **Work/Home Ph?** _____ **Email:** _____

Employer Name? Homemaker? _____

Father's Name: _____

Cell: _____ **Work/Home Ph?** _____ **E-mail:** _____

Employer Name? Homemaker? _____

Church Child attends (if any): _____ **Baptized:** Y N

Child attends: ___ Worship Regularly ___ Worship Occasionally ___ Sunday School

I would like further information about Christ Lutheran Church

List two people (*other than yourself*) authorized to pick up your child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name any individual(s) below of whom we should be aware, who are NOT authorized to pick up your child:

God loves your child and so do we! Please share any additional information about your child that may be of help to us. (e.g. Are they especially gifted in any area? Do they have any special interests? Special concerns. Medical issues are covered on the separate Health Care form.)

I learned about Christ Lutheran School through:

____ Friend ____ Church ____ Facebook ____ Twitter ____ Internet Ad ____ Newspaper
____ Other _____

Agreement with School Policy

In enrolling my child, I/We agree to abide by the school policies of Christ Lutheran School, as stated in the handbook.

Media Permission

Please circle your preference of permission to share photos/videos of your student. Your child's name **will not** accompany photos/videos.

I (do, do not) permit my child's photo to be shared "in house" with Christ Lutheran congregation.

I (do, do not) permit my child's photo to be submitted to the local newspaper.

I (do, do not) permit my child's photo to be displayed on the school web site.

I (do, do not) permit my child's photo to be posted to the school/church Facebook page.

Parent/Guardian Signature: _____ **Date:** _____

(If returning via E-mail, your typed name will serve as signature)

The return of this Registration form along with the non-refundable \$100 Registration fee, or \$50 by March 30 reserves a place for your child in Christ Lutheran School

Checks are payable to: CLC (*Christ Lutheran Church*).

Your registration form may be returned via E-mail, mail, or in person to:

Christ Lutheran School
208 Langston Road, Perry, Georgia 31069
Phone/text: (478) 397-5914
Fax: (801) 992-6016
E-mail: christluthेरanschoolperry@gmail.com

Thank You!