

REGISTRATION FORM

Session Preference (circle one)

2 days

3 days

4 days am only

full day

Child's Name _____
(first) (middle) (last)

Name child goes by _____ Age _____ Birth Date _____

Male _____ Female _____ (Check One)

Parent's Names _____

Address _____
(street) (city) (zip)

Father's occupation _____ Place employed _____ Phone _____

Mother's occupation _____ Place employed _____ Phone _____

Home Phone _____ Dad's cell _____ Mom's cell _____

E-mail address _____

Parent's marital status: Married _____ Separated _____ Divorced _____ Single _____

Names of brothers & sisters _____ Age _____

_____ Age _____

_____ Age _____

Does your child have allergies? Yes _____ No _____

If yes, list _____

Church affiliation _____ Active _____ Inactive _____

Interested in learning more about Peace Lutheran Church? Yes _____ No _____

Is your child baptized? Yes _____ No _____ If yes, Baptismal birthday? _____

Would you like to assist the teacher in the classroom? Yes _____ No _____

Signature of parent or guardian _____ Date _____