

**FAITH LUTHERAN SCHOOL REGISTRATION FORM**

(to be completed by staff)

Date enrolled:

\_\_\_\_\_

School year: \_\_\_\_\_

\$50.00 Registration fee and medical form must accompany Registration Form.

**STUDENT INFORMATION**

Student's Name: Last:\_\_\_\_\_First:\_\_\_\_\_M:\_\_\_\_\_

(name you prefer your child to be called): \_\_\_\_\_

Address Street:\_\_\_\_\_

City:\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_

Home Phone Number : \_\_\_\_\_ Male or Female: \_\_\_\_\_

Date of Birth:\_\_\_\_\_Date of Baptism: \_\_\_\_\_

Who is child living with? (circle one) Mom Dad Both Other \_\_\_\_\_

What school district do you live in? \_\_\_\_\_

\*\*\*\*\*

**FATHER INFORMATION**

Last:\_\_\_\_\_First:\_\_\_\_\_M:\_\_\_\_\_

(Fill out home address and phone numbers and e-mail address only if different than child's)

Address Street:\_\_\_\_\_

City:\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_

Home Phone Number:\_\_\_\_\_Work number:\_\_\_\_\_

Cell Phone Number:\_\_\_\_\_E-mail \_\_\_\_\_

Address:\_\_\_\_\_

Place of Employment:\_\_\_\_\_

(circle one) Married Single Other:\_\_\_\_\_

Church now attending?\_\_\_\_\_Are you active? Yes or No

\*\*\*\*\*

**MOTHER INFORMATION**

Last:\_\_\_\_\_First\_\_\_\_\_M:\_\_\_\_\_

(Fill out home address and phone numbers and e-mail address only if different than child's)

Address Street:\_\_\_\_\_

City:\_\_\_\_\_State:\_\_\_\_\_Zip :\_\_\_\_\_

Home Phone Number:\_\_\_\_\_Work number: \_\_\_\_\_

**FAITH LUTHERAN SCHOOL REGISTRATION FORM**

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

(circle one) Married Single Other: \_\_\_\_\_

Church now attending? \_\_\_\_\_ Are you active? Yes or No

Names and ages of brothers and sisters:

\_\_\_\_\_  
\_\_\_\_\_

List persons authorized to pick up your child. PLEASE.... Any changes in this must be received by you in writing! We must have current information in case of emergency!!!!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAITH LUTHERAN SCHOOL REGISTRATION FORM

Your e-mail addresses will only be used to receive Faith Lutheran's monthly newsletter. If you would prefer to receive a paper copy of the newsletter instead of by e-mail, please indicate so here.

We would prefer a paper copy of the monthly newsletter.

We would prefer the monthly newsletter by e-mail.

I give permission for my child's picture to be on the church's web site without identifying him/her (no names will be used).

Signed by parent or guardian \_\_\_\_\_

### **Mail to:**

Faith Lutheran Church  
ATTN: Preschool  
3024 Michigan Road  
Madison, IN 47250