

Faith Lutheran Afterschool Program

Registration Information

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	NICK NAME
STREET ADDRESS		CITY	ZIP
HOME PHONE ()	DATE OF BIRTH	AGE 5 6 7 8 9 10 11 12 13	GENDER M F
FATHER'S NAME	FATHER'S CELL PHONE ()		FATHER'S HOME PHONE ()
FATHER'S EMPLOYER			FATHER'S WORK PHONE ()
MOTHER'S NAME	MOTHER'S CELL PHONE ()		MOTHER'S HOME PHONE (IF DIFFERENT) ()
MOTHER'S EMPLOYER			MOTHER'S WORK PHONE ()
PREFERRED EMAIL ADDRESS @		REFERRED TO FAITH BY*	
SCHOOL STUDENT ATTENDS		GRADE K 1 2 3 4 5 6	T-SHIRT SIZE
Persons other than parent/guardian who have permission to pick up your child:			
NAME	RELATIONSHIP TO CHILD	HOME/CELL PHONE	WORK PHONE
NAME	RELATIONSHIP TO CHILD	HOME/CELL PHONE	WORK PHONE

*Those who refer new enrolled students, receive two weeks of free tuition.

FORM CONTINUES ON BACK >

Registration Information Continued

If my child is hurt and the afterschool staff are unable to locate us, I request that my child be taken to a doctor for emergency care:

Signature:		Date Signed:	
FAMILY DOCTOR	PHONE	FAMILY DENTIST	PHONE

I give my permission for the afterschool to use pictures of my child in publications and websites:

Signature:	Date Signed:
NAME OF CHURCH YOU ATTEND (OR CHURCH PREFERENCE)	

IMPORTANT INFORMATION PERTINENT TO YOUR CHILD'S WELL-BEING (ALLERGIES, FEARS, ETC...)

Mail or deliver this form with the registration fee to:
 Faith Lutheran Afterschool
 6000 West SR46
 Columbus Indiana 47201
 (812) 342-3587