

Emmanuel Lutheran School

Before Care Registration Form

School Year 20__ - 20__

Student Name: _____ Nick Name: _____

Date of Birth: _____ Sex: Male / Female

Parent/Guardian Information

Mother: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Work #: _____ Company: _____

Father: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Work #: _____ Company: _____

Please indicate the desired day(s) you are registering for:

_____ Monday - Friday

_____ Monday, Wednesday, Friday

_____ Tuesday/Thursday (Toddlers & 2s only)

TO BE FILLED OUT BY THE OFFICE

Registration Fee paid on _____ Check No. _____ Cash _____