

REDEEMER LUTHERAN **KINDERGARTEN REGISTRATION FORM** 2018-2019



(PLEASE PRINT CLEARLY)

Students name				Sex: F / M
(Last)	(First)	(Middle)		(Circle One)
Name child prefers to be called	<u> </u>			
Birthday	(1	month/date/year)	Age	
Home Phone Mother's cell	_Address			
Mother's cell	City		State	Zıp
Father's cell	4h D.4h	045	/Cimala	0
With whom does the child reside? - Mother - Fa	iner - Boin -	· Utner	(Circle	one)
Nationality Nam Baptized / Dedicated - Yes No (Circle One) Doo	ie oi chuich (illilidililli attand Sunday Sch	ool? Vos No	(Circle One)
baptized / bedicated - les No (clicle offe) boo	25 your Cillia	attenu Sunuay Sch	0018 - 162 MO	(Circle Offe)
PARENT INFORMATION (Legal Guardians)		Kindergarten		5 Days per week
Father's Name			Full Day	
Employer		8:15 a.m. to 2:30 p.m.		
Address		Teacher or class placement is at the Administrator's		
Work Phone Number		discretion.		
Mathaula Nama		Name of Ducthous	C. Cintown / Baro	
Mother's Name		Name of Brothers	& Sisters / Age _	
Employer	— II.			
Address Work Phone Number		Timan sial Indonesa	<i>4</i>	
work Frione Rumber		Financial Information: Monthly / Quarterly / Full Payment Other (Circle One)		
I would like my name, address and ph			•	
number listed on the Kindergarten Parent Rost		You are responsibl	e ioi tile elitile c	illioulit per year.
given to other parents upon request only).	· I I	Payment is due the	2 1 st of the mont	h Dloaso includo
green to caree persons apon request emy,		•		
Is your child a Child Care student? Yes/No(Circle One)		your payment coupons with payment, see tuition coupon sheet for prices and options.		
	·	coupon succe for p	rices una option	.g.
Are you interested in Child Care, pleas	se check			
here and more information will be forwarded to	o you.	Paren	t or Guardians Si	ignature
		= 1000		
OFFICE USE ONLY: Date Form Received		Date Application		_
Amount Paid Check Number		Cash	Credit Card	
Teacher Class Birth Cert	tificate Receiv	red Social So	ecurity Number	Received