



**REDEEMER LUTHERAN  
DOVES  
REGISTRATION FORM  
2020-2021**



**(PLEASE PRINT CLEARLY)**

Students Name \_\_\_\_\_ Sex: F / M  
(Last) (First) (Middle) (Circle One)

Name child prefers to be called \_\_\_\_\_

Birthday \_\_\_\_\_ (month/date/year) Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_

Mother's cell \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's cell \_\_\_\_\_

With whom does the child reside? - Mother - Father - Both - Other \_\_\_\_\_ (Circle One)

Nationality \_\_\_\_\_ Name of church affiliation \_\_\_\_\_

Baptized / Dedicated - Yes No (Circle One) Does your child attend Sunday School? - Yes No (Circle One)

**PARENT INFORMATION (Legal Guardians)**

Father's Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone Number \_\_\_\_\_

\_\_\_\_\_ I would like my name, address and phone number listed on the Parent Roster (to be given to other parents upon request only).

Is your child a Child Care student? Yes/No(Circle One)

\_\_\_\_\_ Are you interested in Child Care, please check here and more information will be forwarded to you.

Doves (4 Year Old) 3 Days per week  
Monday / Wednesday / Friday  
8:15 a.m. to 12:15 p.m.

Teacher or class placement is at the Administrator's discretion.

Name of Brothers & Sisters / Age \_\_\_\_\_  
\_\_\_\_\_

**Financial Information:**  
Monthly / Quarterly / Full Payment Other (Circle One)  
You are responsible for the entire amount per year.

Payment is due the 1<sup>st</sup> of the month. Please include your payment coupons with payment, see tuition coupon sheet for prices and options.

\_\_\_\_\_  
Parent or Guardians Signature

**OFFICE USE ONLY:** Date Form Received \_\_\_\_\_ Date Application Fee Paid \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_  
Teacher \_\_\_\_\_ Class \_\_\_\_\_ Received \_\_\_\_\_ Credit Card \_\_\_\_\_