



REDEEMER LUTHERAN KINDERGARTEN REGISTRATION FORM



(PLEASE PRINT CLEARLY)

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

Name child prefers to be called _____

Birth day _____ (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 Kindergarten 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.

Kindergarten 5 Days per week

Full Day

8:15 a.m. to 2:15 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 1st 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 _____ Credit Card _____
Teacher _____ Class _____ Birth Certificate Received _____ Social Security Number Received _____