

MESSIAH LUTHERAN SCHOOL
Registration Application
2011-2012

Child's Name: _____ Date of Birth: _____

Name child prefers: _____ Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone# _____ Email Address: _____

Neighborhood/Sub.: _____ School Attended Last Year: _____

If in grade school, school currently attending: _____ Grade: _____

Program Desired: (circle one) All Day Childcare: 2 Day 3 Day 5 Day

After School Care: 2 Day 3 Day 5 Day

Parent/Guardian Name: _____ Work Phone: _____

Occupation/Title: _____ Cell Phone: _____

Employer: _____

Parent/Guardian Name: _____ Work Phone: _____

Occupation: _____ Cell Phone: _____

Employer: _____

Marital Status: Married: _____ Divorced: _____ Separated: _____ Single: _____

Custody/Visiting arrangements: _____

Church/Denominational Pref. _____ Church Membership: _____

Names & Ages of Brothers: _____ Names & Ages of Sisters: _____

How did you hear about us? _____

FOR OFFICE USE ONLY

Program: _____ School: _____ M T W TH F

Start Date: _____ Withdrawal Date: _____

Comments: _____

Birth Certificate Number: _____ State: _____

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