

**Risen Savior Lutheran School
Registration Form 2009-2010**

**Registration Fee must
accompany this form.**

For Office Use: \$100.00
Registration fee (non-refundable)
Ck. # _____

Date: _____

- | | | |
|---------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Two Yr. Old (MWF AM) | <input type="checkbox"/> Three's & Four's (MWF AM) | <input type="checkbox"/> Kindergarten (All Day) |
| <input type="checkbox"/> Two Yr. Old (TTh AM) | <input type="checkbox"/> Three's & Four's (MWF PM) | <input type="checkbox"/> First Grade |
| <input type="checkbox"/> Two's & Three's (MWF AM) | <input type="checkbox"/> Three's & Four's (TTh AM) | <input type="checkbox"/> Second Grade |
| <input type="checkbox"/> Two's & Three's (TTh AM) | <input type="checkbox"/> Pre-K (M-Th AM) | <input type="checkbox"/> Third Grade |
| <input type="checkbox"/> Three Yr. Old (MWF AM) | <input type="checkbox"/> Pre-K (M-Th PM) | <input type="checkbox"/> Fourth Grade |
| <input type="checkbox"/> Three Yr. Old (MWF PM) | <input type="checkbox"/> Early Kinder (M-F AM) | <input type="checkbox"/> Fifth Grade |
| <input type="checkbox"/> Three Yr. Old (TTh AM) | <input type="checkbox"/> Early Kinder (M-F PM) | |
| <input type="checkbox"/> Three Yr. Old (TTh PM) | | |

Student Information: Name: _____
Last First Middle Name child goes by

Address: _____

City: _____ Zip: _____ Phone: _____

Date of birth: _____ Male _____ Female _____

Email Address (required): _____

Special Needs, Allergies or Medical Conditions:

Family Information:

Father: _____ Business phone: _____
Cell phone: _____

Address (if different from above): _____

Employer's name: _____ Occupation: _____

Mother: _____ Business phone: _____
Cell phone: _____

Address (if different from above): _____

Employers name: _____ Occupation: _____

Pupil lives with: Father _____ Mother _____ Both _____ Other _____

Church currently attending: _____ Members: Yes ___ No ___

Has your child been baptized? Yes _____ No _____ Baptism Date (Mo/Yr) _____