

**Risen Savior Lutheran School
Registration Form 2010-2011**

**Registration Fee must
accompany this form.**

Date: _____

For Office Use: Sibling
Registration fee (non-refundable)
Ck. # _____ Amount _____

- | | | |
|-------------------------------|--------------------------------|-----------------------------|
| ____ Two Yr. Old (MWF AM) | ____ Mom's Day Out (MWF) | ____ Kindergarten (All Day) |
| ____ Two Yr. Old (TTh AM) | ____ Three's & Four's (MWF AM) | ____ First Grade |
| ____ Two's & Three's (MWF AM) | ____ Three's & Four's (MWF PM) | ____ Second Grade |
| ____ Two's & Three's (TTh AM) | ____ Three's & Four's (TTh AM) | ____ Third Grade |
| ____ Three Yr. Old (MWF AM) | ____ Pre-K (M-Th AM) | ____ Fourth Grade |
| ____ Three Yr. Old (MWF PM) | ____ Pre-K (M-Th PM) | ____ Fifth Grade |
| ____ Three Yr. Old (TTh AM) | ____ Early Kinder (M-F AM) | ____ Sixth Grade |
| ____ Three Yr. Old (TTh PM) | ____ Early Kinder (M-F PM) | |

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

Address: _____

City/State: _____ Zip: _____ Home 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) _____