

Redeemer Lutheran Church

Tiny Treasures Preschool

Enrollment Form

Enrollment Date _____

Child's Information

Child's Full Name _____ Social Security Number _____

Date of Birth _____ Sex: M / F Date of Baptism _____

Child's Home Address: _____

Child's Phone Number: _____

Parent(s) or Guardian(s) Information

Father's Name: _____ Phone Number _____

Social Security Number: _____

Father's Address: _____ Cell Phnoe _____

Father's Occupation/Place of Employment: _____

Business Address: _____ Phone: _____

Mother's Name: _____ Phone: _____

Socail Security Number: _____

Mother's Address: _____ Cell Phone: _____

Mother's Occupation/Place of Employment: _____

Business Address: _____ Phone: _____

Email Address: _____

If Applicable

Guardians Name: _____ Phone: _____

Address: _____ Cell Phone: _____

Relationship/Relevant Information: _____

EMERGENCY CONTACT ANDF PHONE # (other than the one listed above)

Family Information: Siblings (Please indicate ages and whether they live with the child)

Name	Age	Brother/Sister	Live with child (Y or N)

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Church of which you are a member: _____

Pastor's Name: _____ Phone: _____

Session Preference: Check your Preferences

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Sessions offered will be determined by the number of students registered and preferences of those students.

Authorized Pick-up of Child

Persons I authorize to pick up my child (must be at least 18 years of age, unless they are the parent)

Name	Address	Phone	Relationship

Persons NOT authorized to pick up my child Please include copies of legal documents pertaining to this request

Name	Address	Phone	Relationship

In order to register your child, the contract and this form must be completed, and registration fee paid. Other forms to complete and submit prior to the 1st day of class include: Medical Authorization form, Parent Permission Statement, Health Physical form and Immunization Record.