

Salem Lutheran Children's Center

Child's Full Name: _____

Child's Birthday: _____ Male/Female (please circle)

Address: _____

Email Address: _____

Parent/Guardian: _____

Phone Number: _____

Parent/Guardian: _____

Phone Number: _____

Names and ages of other children in family:

For office use only:

Amount Paid: _____

Check#: _____

Cash: _____

Credit Card: _____

Initials: _____

Date: _____

Please indicate the program that you are registering your child for:

2 Day AM 3-year-old Preschool – T, Th 9 am – 11:30 am	
2 Day PM 3-year-old Preschool – T, Th 12:30 pm – 3 pm	
3 Day AM 4-year-old Preschool – M, W, F 9 am – 11:30 am	
3 Day PM 4-year-old Preschool - M, W, F 12:30 pm – 3 pm	
5 Day Transitional Kindergarten Program - M-F 9 am- 12 pm	
All Day Preschool Program/Daycare (2-5 days per week) 6:30 am – 6:00 pm	Days preferred:
School Age Before School Care	
School Age After School Care	
School Age Before and After School Care	
Summer Program	

Allergies: _____

Comments: _____

Parent's Signature: _____ Date: _____