

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	
2 Day PM 3-year-old Preschool	
3 Day AM 4-year-old Preschool	
3 Day PM 4-year-old Preschool	
5 Day Transitional Kindergarten Program	
All Day Extended Day Program/Daycare	
School Age Before School Care	
School Age After School Care	
School Age Before and After School Care	
Summer Program	
"Two and You" Program	

Allergies: _____

Comments: _____

Parent's Signature: _____ Date: _____