

FALL 2019/20 INFANT REGISTRATION FORM

Christ Our Savior Lutheran Church Early Childhood Program

14175 Farmington Road

Livonia, Michigan 48154

Phone: (734) 513-8413 – Fax: (734) 522-5949

E-mail Preschool@christoursavior.com

Please complete this form and return it to the early childhood office. Registration and material fees must accompany this form if you are registering a NEW child.

Date: _____

Start date _____

CHILD INFORMATION

Circle One: Male / Female

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: _____

PARENT INFORMATION

Mother: _____ Father: _____

Date of Birth or SS# _____ Date of Birth or SS# _____

Address (if different): _____ Address (if different): _____

Email Address: _____ Email Address: _____

Alternate Number: _____ Alternate Number: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

FAMILY INFORMATION

Other children in family (names & ages): _____

If there has been a separation or divorce, with whom is the child living? _____

If child is living with someone other than parents, please complete:

Name: _____ Address: _____

Phone: _____ Relationship: _____

(Continued on reverse side)

ADDITIONAL INFORMATION

Are there any medical problems that we should be aware of? If so, please list: _____

List special food or eating instructions: _____

List any additional information that you would like us to know: _____

CHURCH MEMBERSHIP INFORMATION

If you are not a member of Christ Our Savior, what is your church home? _____

Would you like information about the programs Christ Our Savior has to offer children and adults? Yes / No

SCHEDULE INFORMATION

I wish my child to be enrolled for these times: Part-time (AM / PM) M T W TH F
(Circle all that apply)

Full-time (7-6) M T W TH F

Circle Arrival and Pick-Up times 7am 8am 9 am 10 am 11 am 12 pm 1 pm 2 pm 3 pm 4 pm 5 pm 6 pm
(for staffing purposes) 7:30 8:30 9:30 10:30 11:30 12:30 1:30 2:30 3:30 4:30 5:30

I pledge to support the ministry of the Early Childhood Program provided by Christ Our Savior Lutheran Church. I also accept financial responsibility and pledge to pay the fees and tuition.

Parent/Guardian: _____ Parent/Guardian: _____

Date: _____ Date: _____

For Office Use: Date Received: _____ Child Information Form: Yes / No Immunization Record: Yes / No

Child Placement Contract: Yes / No

Reg. Fee paid: _____ Mat. Fee paid: _____ 1st week tuition paid: _____

Check #: _____