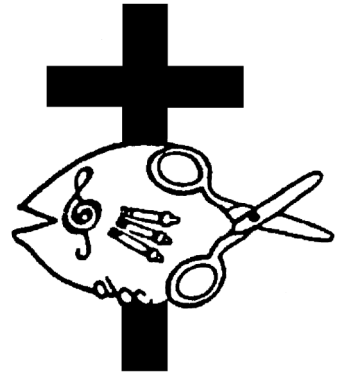


SUMMER DAY CARE REGISTRATION



FIRST LUTHERAN CHURCH PRE-SCHOOL & EXTENDED CARE

300 Melmore Street
Tiffin, Ohio

419 - 447 - 1145

FLECTIFFIN@YAHOO.COM

Child's Name: _____

Birthdate: ____/____/____ Age: _____

Grade: _____ Male / Female

Mother's Name: _____

Phone number: _____

Email: _____

Father's Name: _____

Phone number: _____

Email: _____

Child resides with: Mom Dad Both

Child's Primary Residence: _____

These people are authorized to pick up my child:

1. _____

2. _____

Emergency Contacts Information:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

List all allergies and any special precautions for treatments indicated for these allergies: _____

List any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child: _____

List any chronic physical problems and any history of hospitalization: _____

List any disease your child may have: _____

Signature: _____ Date: _____

Day Care Service Requested

What hours will you need this service?

From _____ to _____

Circle the Days requested

M T W TH F

Please return this Registration Form with your \$10 registration fee to First Lutheran Church. Enrollment does not become official until the completed registration form and fee are received by the Director.

OFFICIAL USE:

Entry date: _____