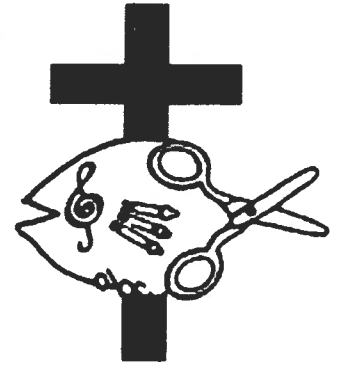


OFFICE USE:

3 YEAR OLD PRESCHOOL REGISTRATION



First Lutheran Church
Preschool & Extended Care
300 Melmore Street
Tiffin, OH 44883
419-447-1145
flectiffin@yahoo.com

Child's Name: _____
Birthdate: ____/____/____
Address: _____

Mother's Name: _____
Phone Number: _____
Address: _____

Email: _____

Father's Name: _____
Phone Number: _____
Address: _____

Email: _____

Child resides with: _____

These people are authorized to pick up my child:
1. _____ 2. _____

Emergency Contact Information:
Name: _____ Relationship _____
Phone Number: _____
Name: _____ Relationship _____
Phone Number: _____

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

List any medications, food supplements, or modified diets: _____

List any chronic physical problems or diseases your child has had:

Signature: _____ Date: _____

*Registration is complete upon receipt of this form WITH your \$30 registration fee.

Which class would you prefer?
(Please circle your choice)

Tuesday/Thursday
9:00-11:30

Wednesday/Friday
9:00-11:30