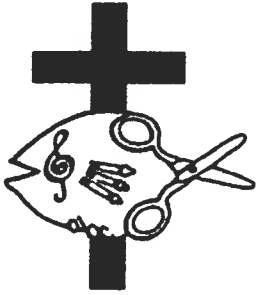


OFFICE USE:

**SCHOOL AGE
EXTENDED CARE
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.

What hours will you need services?
Before school from _____ until the start of school
After school until _____
Days: (please circle)
AM: M T W TH F
PM: M T W TH F