

Date _____

Tiny Tots Registration Form 2018-2019

Faith Lutheran Church Christian Education Ministry

(Please Print)

Child's Name _____ M [] F [] Nickname _____

Birth date _____ Year Entering Kindergarten _____

Please Check one: [] 3 Years Old by September 1st [] 4 Years Old by September 1st

Parent's Names _____ Home Phone _____

Email Address _____

Address _____ City _____ Zip Code _____

Mother's Cell _____ Place of Work _____ Phone _____

Father's Cell _____ Place of Work _____ Phone _____

Church Affiliation _____ Baptism Date _____ Where _____

Siblings: Name: _____ Age: _____ Male: _____ Female: _____

Name: _____ Age: _____ Male: _____ Female: _____

Name: _____ Age: _____ Male: _____ Female: _____

- Because of the limited class size and age groups, we can't promise your child will be placed in a specific teacher's class or with his/her friends. We will, however, make every effort to accommodate your request.
- All Parents are asked to assist us at least two times a year by bringing juice with a snack and then helping us set it up.
- The donation for Tiny Tots is \$30 per semester or \$50 for the year.
- Throughout the year there are times we ask for parents to assist with the class or special activities.

Would you be interested in teaching or assisting in any of the following areas?

Tiny Tots _____ Sunday School _____ Weekday School _____ VBS _____

To whom should the child be dismissed after Tiny Tots?

Emergency Name(s) and Number(s) _____

Doctor: _____ Dr. Phone: _____ Hospital: _____

Health Insurance Name and Number _____

Allergies and/or Special Needs: _____

I give permission to Faith Lutheran Church Tiny Tots Staff to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian: _____ Date: _____