

Emmanuel Lutheran Preschool and Daycare  
423-1369  
917 West Jefferson Boulevard  
Fort Wayne, Indiana 46802

**REGISTRATION FORM FOR DAYCARE AND PRESCHOOL**

July 2006--June 2007

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

(City)

(State)

(Zip)

Father's Name \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Address \_\_\_\_\_

(City)

(State)

(Zip)

Mother's Name \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Address \_\_\_\_\_

(City)

(State)

(Zip)

Child's Legal Guardian \_\_\_\_\_

Other Children at Home \_\_\_\_\_

Is Your Child Baptized? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Current Church Membership \_\_\_\_\_

**I WOULD LIKE TO REGISTER MY CHILD FOR THE FOLLOWING TIME SLOT...**

**Full Time**

Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

**Part Time**

Days Needed \_\_\_\_\_

Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

**I certify that the above information is correct.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**