



# Church of the Savior

## L U T H E R A N

### ENROLLMENT AND APPLICATION FORM FOR ALL BY MYSELF 2022-2023

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Mother)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone (Father)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone (Guardian)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M / F Birthplace: \_\_\_\_\_

Parent / Guardian: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Religious denomination background of parents: \_\_\_\_\_

Does the family regularly attend worship services? Y / N

If so, name of Congregation: \_\_\_\_\_

Location: \_\_\_\_\_

Has child been baptized? Y / N Date: \_\_\_\_\_ Where: \_\_\_\_\_

**Does child have any allergies, chronic illness, or physical handicaps?** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

I would be interested in being a Class Parent \_\_\_\_\_

I have attached my non-refundable \$150.00 Registration Fee \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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