



Church of the Savior

L U T H E R A N

ENROLLMENT AND APPLICATION FORM 2024-2025

Child's Name: _____

Address: _____ **Town:** _____ **Zip:** _____

Mother: _____

Cell: _____ **Other:** _____ **Email:** _____

Father: _____

Cell: _____ **Other:** _____ **Email:** _____

Guardian: _____

Cell: _____ **Other:** _____ **Email:** _____

Birth Date: _____ **Age:** _____ **Gender:** M / F **Birthplace:** _____

Age of child at start of school year: _____

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 have attached my non-refundable \$150.00 Registration Fee _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY:

Date of receipt: _____ **Check #:** _____ **Class:** _____

Family/Church Discount: _____ **Monthly Fee Calculation:** _____

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Evangelical Lutheran Church in America
God's work. Our hands.