



Church of the Savior

L U T H E R A N

ENROLLMENT AND APPLICATION FORM FOR 4 YEAR OLDS 2021-2022

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 Birth Place: _____

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: _____

Parent/Guardian Signature: _____

I would be interested in being a Class Parent _____

