



Fees:	
PreK Reg. fee (\$12)	\$ _____
K-4 Reg. fee (\$20)	\$ _____
Other	\$ _____
Total Paid	\$ _____
_____ Cash	_____ Check # _____
Balance due	\$ _____
Paid in full, date	_____

Registration Form 2011-2012

Student name: _____ PreK K-4th

Age _____ Birth date _____ Grade _____ School _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work phone _____

Mother's Name _____ Cell phone _____

Father's Name _____ Cell phone _____

Email address _____ Belongs to _____

Home church _____

Doctor's name _____ Phone _____

Allergies _____

Special instructions or information about child: _____

Person(s) authorized to pick up child: _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Emergency contact phone _____

I give my permission to the staff of St. Peter Lutheran Church to seek medical attention for my child if necessary while participating in Discovery functions. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable.

Signature of Parent or Guardian: _____

Print name: _____ Date: _____