

Registration Form

Shepherd of the Valley Lutheran Extended Day Program



Please complete this form and return it to the school office at either campus.
A \$10.00 per family registration fee must accompany your application and is non-refundable.

Please place a check by your choice of care needed:

Before School
Arrival time _____

After School
Departure time _____

Before and after school
Arrival time _____ Departure time _____

Child's Information

Name of Child #1 _____ Date of birth ___/___/___

Name of Child #2 _____ Date of birth ___/___/___

Name of Child #3 _____ Date of birth ___/___/___

Name of Child #4 _____ Date of birth ___/___/___

Home Address _____

Home Phone _____

Parent or Guardian Information

Father's Name _____

Mother's Name _____

Address _____

Address _____

City/State/ZIP _____

City/State/ZIP _____

Home Phone _____

Home Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Place of employment _____

Place of employment _____

Work phone _____ ext. _____

Work phone _____ ext. _____

Cell phone _____

Cell phone _____

Church name/location _____

Church name/location _____

Family Information

If there has been a separation or divorce, with whom is the child living? _____

Is child living with someone other than parents? (Circle one) Yes No

If yes, Name _____
Address _____
City/State/ZIP _____
Phone _____
Relationship to child _____
Church membership _____

Pick up of child

Persons authorized to pick up child _____
Persons who may NOT pick up child _____

Personal Information

Are there any medical problems of which we should be aware?(circle one) Yes No
If yes, are there any special considerations that need to be taken? _____

Does your child have any physical disabilities?(Circle) No Yes _____

Does your child have any allergies?(Circle one) Yes No

If yes, please list, describe reaction and treatment-

FOOD _____

MEDICATION _____

OTHER _____

Any special needs such as an epipen or inhaler _____