

# 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 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 \_\_\_\_\_

\_\_\_\_\_