	Date		
	ny Tots Registration Form 2	022-2023	
Faith Lu	theran Church Christian Edu	ication Minist	ſŷ
Child's Name	(Please Print) M[]F[]	Nickname	
	Year Entering Kindergarten		
Please Check one: [] 3 Years O	ld by September 1 st [] 4 Years O	Id by September	L st
Parent's Names Home Phone			
Email Address			
Address	City	Zip Code	
Mother's Cell	Place of Work	Phone	
Father's Cell	Place of Work	Phone	
Church Affiliation	Baptism Date	Where	
Siblings: Name:	Age:	Male:	Female:
Name:	Age:	Male:	Female:
Name:	Age:	Male:	Female:
	age groups, we can't promise your child will		
	nake every effort to accommodate your requ		
 All Parents are asked to assist us at I The donation for Tiny Tots is \$30 per 	east two times a year by bringing juice with a r semester or \$50 for the year	a shack and then help	ng us set it up.
- 1 1 1 1 1 1 1 1 1	s we ask for parents to assist with the class or	r special activities.	
Would you be interested in teach	n and an and an and an and an any of the followin	ng areas?	bar falle
Tiny Tots Sunday Sch	ool Weekday School Management of the second second nissed after Tiny Tots?	VBS	
To whom should the child be disn	nissed after Tiny Tots?		ENENENENENENENENENENENENENENENENENENEN
Emergency Name(s) and Number	(s)		
Doctor:	Dr. Phone:	Hospital:	
Health Insurance Name and Num	ber		
Allergies and/or Special Needs:			
I give permission to Faith Lui	theran Church Tiny Tots Staff to	secure emerge	ncy medical
	reatment for the above named		
	lian:		