

Date _____

Tiny Tots Registration Form 2025-2026
Faith Lutheran Church Christian Education Ministry

(Please Print)

Child's Name _____ M ☐ F ☐ Nickname _____

Birth date _____ Year Entering Kindergarten _____

Please Check one: ☐ 3 Years Old by September 1st ☐ 4 Years Old by September 1st

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 _____

Siblings: Name: _____ Age: _____ Male: _____ Female: _____

 Name: _____ Age: _____ Male: _____ Female: _____

 Name: _____ Age: _____ Male: _____ Female: _____

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- Because of the limited class size and age groups, we can't promise your child will be placed in a specific teacher's class or with his/her friends. We will, however, make every effort to accommodate your request.
 - All Parents are asked to assist us at least two times a year by bringing juice with a snack and then helping us set it up.
 - The donation for Tiny Tots is \$30 per semester or \$50 for the year.
 - Throughout the year there are times we ask for parents to assist with the class or special activities.
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To whom should the child be dismissed after Tiny Tots?

Emergency Name(s) and Number(s) _____

Doctor: _____ Dr. Phone: _____ Hospital: _____

Health Insurance Name and Number _____

Allergies and/or Special Needs: _____

I give permission to Faith Lutheran Church Tiny Tots Staff to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian: _____ **Date:** _____