

CROSS & CROWN LUTHERAN SCHOOL

PRESCHOOL and ELEMENTARY

20___/20___

CHILD'S LAST NAME	CHILD'S FIRST NAME (NAME CHILD IS TO BE CALLED AT SCHOOL)	MALE <input type="checkbox"/>	DATE OF BIRTH
PARENT'S NAMES		FEMALE <input type="checkbox"/>	
CHILD'S HOME STREET ADDRESS		CHILD'S HOME PHONE	
CITY		PARENT'S DAYTIME PHONES	
ZIP CODE	EMAIL	MOM WORK: MOM CELL:	
		DAD WORK: DAD CELL:	

OFFICE USE ONLY: CCLC _____ SCHLSP _____ DATE REG. _____ START DATE _____ DROP DATE _____

CHANGE DATE _____

REGISTERED BY _____ CHECK# _____ REGISTRATION \$ _____ TUITION \$ _____ MATERIALS \$ _____

PRESCHOOL: M ___ T ___ W ___ TH ___ F ___ EARLY ___ BASIC ___ EXTENDED ___ FULLDAY ___ CLASS ASSIGNMENT _____

ELEMENTARY: EARLY ___ DAYCARE ___ CLASS ASSIGNMENT _____

ACCESS ___ QB ___ VANCO ___ EMAIL _____