

# Tuesday School

## REGISTRATION FORM

Child's Name: \_\_\_\_\_ Male/Female (circle one)

By what name would you like your child to be called? \_\_\_\_\_ Birth date: \_\_\_\_\_

How old will your child be on the first day of Tuesday School? \_\_\_\_\_ yrs. old

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best time to be reached at home: \_\_\_\_\_

Husband's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Wife's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If separated or divorced does child live with mom or dad? \_\_\_\_\_

Can either parent pick up child? \_\_\_\_\_

Phone number where parent can be reached during school hours? \_\_\_\_\_

Name and phone number of responsible person if you can't be reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following question does not determine eligibility:

Does your child attend church? Regularly \_\_\_\_\_ Sometimes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Other helpful comments concerning your child: (food allergies, medical conditions, medications, etc.):

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### REQUESTED DONATION \$25 PER FAMILY

As a parent or legal guardian, I give permission for \_\_\_\_\_  
to be enrolled in the Lancaster Church of Christ Tuesday School (2014-2015) and to be  
involved in those activities associated with the program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Are you interested in participating in our class for the moms during Tuesday School,  
"Sonshine for Moms?" Yes/No (circle one)

Where did you hear about our Tuesday School? \_\_\_\_\_