## ST. PETER'S LUTHERAN PARENT AND TOT

Registration Form – 2022-2023

Non-refundabl	e \$25 Registrat	ion Fee (d	lue with t	his form)	
\$125 for 30-32	sessions	(due by first cl	ass) Please	make checks payable to S	t. Peter's Lutheran
Please Fill Out	Completely				
Name of Child					
	Last	First	MI	male/female	Date of birth
Nickname of cl	nild (how you w	ould like their na	me writte	en)	
Address					
Home phone #		Mom's Cell		Dad's Cell	
Email					
Is the child bap	otized? Yes/No				
Are you a mem	nber of a church	n? Yes/No			
If applicable, w	/hat denominat	:ion?		-	
Father's Name		MARINANI (PARINI) NY TIE MARININA AND AND AND AND AND AND AND AND AND A			
Mother's Nam	e				
		son who will atte			
Emergency Co	ntact Information	on:			
Name:					
Phone:					
Additional chil	dren living in th	ne home:			
Name			<u>Age</u>		
		9			
				_	
				-	

Is English the primary language spoken at home? Yes/No						
Are you vegetarian? Yes/No						
Medical information/Allergies/Dietary Restrictions (You may list any developmental delays that affect(ed) your child and any medical issues or dietary restrictions that you want the staff to know about):						
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How did you hear about us?Flyer/SignFriend (Name)						