

**Concordia Lutheran Church**  
**Tiny Tots**  
**2020-2021**

For Official Use: Application Fee: _____ Registration Fee: _____
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**ENROLLMENT APPLICATION**

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

Name: \_\_\_\_\_  
Last First Middle "Goes By"

Birth date: \_\_\_\_\_(m/d/y) Child's Age as of 9/1/20: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_

E-mail addresses: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
(If different from above)

Work telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
(If different from above)

Work telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Family Church Membership: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Child lives with: \_\_\_Both Parents \_\_\_Father \_\_\_Mother \_\_\_Other: \_\_\_\_\_

Elementary my child will likely attend:  Concordia  Other \_\_\_\_\_

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**Getting to Know Your Family!**

I would describe my child as \_\_\_\_\_

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Our family has a fun time when we \_\_\_\_\_

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Describe how God has been faithful to your family \_\_\_\_\_

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My child's favorite things are \_\_\_\_\_

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I would like my child to attend Concordia's Tiny Tots program because \_\_\_\_\_

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# Emergency Information

Child's Full Name: \_\_\_\_\_

Please list names of persons authorized to pick-up your child from Concordia Lutheran Church's Tiny Tots program, or, who we can contact in case of an emergency if you cannot be reached. Children will not be allowed to leave with anyone without authorization from a parent or guardian.

	Name	Phone	Relationship
1.			
2.			
3.			

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Allergy/Medical Condition Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the back of this form if needed to describe treatment details.

In the event of an emergency, Concordia Lutheran Church has my permission to seek medical services for my child.

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