FAITH LUTHERAN EXTENDED CARE

ENROLLMENT FORM FOR GRADE/CLASS _____

Applying for entrance on _____**(Date)**

Student's Full Name

_____

Student prefers to be called: _____

FOR OFFICE USE ONLY

Date Registered _____ **REG. FEE**:
$_____ Check #_____
$_____ Cash Receipt #_____

SIMPLY GIVING FORM ☐

Program Desired

☐ Before School only, ☐ 5 days/week, ☐ 4 days/week, ☐ 3 days/week, ☐ 2 days/week, ☐ 1 day/week
☐ After School only, ☐ 5 days/week, ☐ 4 days/week, ☐ 3 days/week, ☐ 2 days/week, ☐ 1 day/week
☐ Both A.M. & P.M., ☐ 5 days/week, ☐ 4 days/week, ☐ 3 days/week, ☐ 2 days/week, ☐ 1 day/week

Father's Signature (required)
_____Date_____

Mother's Signature (required)
_____Date_____

Print Form