

PARENT & TOT REGISTRATION

Date _____

St. Thomas Lutheran Early Childhood Center
21211 Detroit Road
Rocky River, Ohio 44116

Please check session(s) registering for: Fall _____ Winter/Spring _____

CHILD INFORMATION

Name of Child _____ Date of Birth _____

Home Address _____ City _____ State & Zip _____

Gender () Male () Female

Child lives with: () Mother () Father () Both Parents () Guardian () Other

Child Attends Church: () Yes () No If Yes, Where _____

Baptized? () Yes () No Date & Place of Baptism _____

PARENT INFORMATION

Father's Name _____

() Biological () Guardian () Stepfather or Title: _____

Married () Divorced () Separated () Remarried () Widowed ()

Employer _____ Work Phone # _____

Work Address _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Mother's Name _____

() Biological () Guardian () Stepmother or Title: _____

Married () Divorced () Separated () Remarried () Widowed ()

Employer _____ Work Phone # _____

Work Address _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Brother(s) & Sister(s) Names Age Grade School Attending

Brother(s) & Sister(s) Names	Age	Grade	School Attending