



Child Life Ministries of McFarland Lutheran Church
5529 Marsh Rd., McFarland, WI 53558
(608) 838-4425

kidsofclm@mcfarlandlutheran.org

Registration Form

Complete and return this form and non-refundable registration fee(s).
Complete **ONE** form per child.

Child's Information:

Name: _____ Male Female

Name to be used at school: _____ Date of Birth: _____

Address _____
Street City State Zip

Parent/Guardian Information:

Name: _____ Email: _____

Address: Same as child

Phone:(home) _____ (cell) _____

Occupation: _____

Parent/Guardian Information:

Name: _____ Email: _____

Address: Same as child

_____ Street City State Zip

Phone: (home) _____ (cell) _____

Occupation: _____

We are enrolling our child in (check all that apply):

- Tot Spot 3Yr. Old Preschool CLM's PreK
Rainbow Center Child Care (Summer Fall)
 School Age (Summer Fall)

(▼ For office use) Copy needed Copy Completed and filed
 Confirmation sent on _____ (email USPS)