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)