



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

[kidsofclm@mcfarlandlutheran.org](mailto:kidsofclm@mcfarlandlutheran.org)

**Registration Form ( 2019-2020)**

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)