

Emmanuel Lutheran Kindergarten

Registration Form

652 East 5th St.
Rifle, CO 81650
(970) 625-4978
FAX: (970) 625-2157

Office USE

Paid Registration fee (\$100) _____
Paid Tuition fee (\$420 per mon.) _____
Referral (\$60.00 off each referral) _____

This application places the student's name on our current waiting list in the order in which it was received. Children entering Kindergarten must be 5-year-old by October 1st of the enrolling year.

Family Background

Child's Name _____ Name to be used in school _____ M F

Birthdate _____ Birthplace _____

(A copy of child's Birth Certificate and Immunization Records are required of all students)

Home Phone _____ Email address _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Mother's cell Number _____ Father's Cell Number _____

General

How did you hear about our program? _____

What do you feel will be the advantage of your child attending a Christian school? _____

Has your child attended any other school before? ____ Yes ____ No Name of school _____

What else would you like your teacher to know about your child? _____

Date: _____ Signature: _____

Enrollment interview completed by Director:

(Yes, No) _____

Date: _____ Director Signature: _____