



Concordia Lutheran Church Tiny Tots ~ Mother's Day Out

For Official Use:
Reg. Fee paid: _____
Payment: _____

ENROLLMENT APPLICATION

Date: _____

Name: _____
Last First Middle "Goes By"

Birth date: _____ (m/d/y) Child's Age as of 9/1/17: _____

Address: _____
Street City State Zip

Home Telephone: _____ E-Mail: _____

Requesting a Sibling Registration Application Y N Sibling's Birth date _____

Father or Guardian: _____ Address: _____
(If different from above)

Work telephone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Mother or Guardian: _____ Address: _____
(If different from above)

Work telephone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Family Church Membership: _____ Number of Years: _____

Child lives with: ___Both Parents ___Father ___Mother ___Other: _____

Elementary School child will likely attend: Concordia Other _____





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Tiny Tots – Mother’s Day Out**



Getting to Know Your Family!

I would describe my child as _____

Our family has a fun time when we _____

Describe how God has been faithful to your family _____

My child’s favorite things are _____

I would like my child to attend Concordia’s Tiny Tots MDO because _____

Please help your child draw a picture of his/her family in the space below. ☺