

Father's Information

Place of Business: _____

Business Phone: _____

Cell Phone: _____

E-mail Address: _____

Mother's Information

Place of Business: _____

Business Phone: _____

Cell Phone: _____

E-mail Address: _____

How would you like parents' names to appear on correspondence? (eg. Mr. & Mrs. John Smith)

Custody Information

Emergency Contact Information (Friend or family member other than parent)

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Previous School Attended: _____ Last Grade Completed: _____

Thank you for considering First Lutheran Christian Academy. We look forward to welcoming you to our school family. Please contact the teachers or principal if there are any questions or concerns. God bless your family as we work together to provide the foundation and nurture needed by our children.

For office use only	
Registration Fee Paid _____	Payment Info _____
Trevlac Number: _____	
___ Birthday List	___ OSR Requested
___ E-mail Group List	___ Rolodex
___ Health Unit Roll	___ Sage
___ Lunch Card File	___ Snow Day List