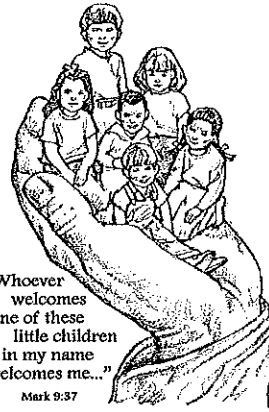


In His Hands

Child Enrichment Center

Located at:
Pella Lutheran Church
315 South Madison Street
Waupun, Wisconsin 53963
(920) 324-3321



"Whoever
welcomes
one of these
little children
in my name
welcomes me..."
Mark 9:37

Child Registration Form – All Programs

CHILD'S DATA

CHILD'S NAME First: _____ Middle: _____ Last: _____

DATE OF BIRTH: ___/___/___ SEX: ___M | ___F

DATE FIRST ENROLLED IN AN IN HIS HANDS PROGRAM: ___/___/___

PARENTS' DATA

(Circle One) **FATHER** | **STEP-FATHER** | **GUARDIAN** (Circle One)

MALE'S NAME First: _____ Middle: _____ Last: _____

ADDRESS: _____ HOME PHONE: (____) _____

_____ WORK PHONE: (____) _____

EMPLOYED BY: _____ EMAIL: _____

JOB TITLE: _____

(Circle One) **MOTHER** | **STEP-MOTHER** | **GUARDIAN** (Circle One)

FEMALE'S NAME First: _____ Middle: _____ Last: _____

ADDRESS: _____ HOME PHONE: (____) _____

_____ WORK PHONE: (____) _____

EMPLOYED BY: _____ EMAIL: _____

JOB TITLE: _____

Office Use Only:	
To Be Enrolled In: ___ 2DAM ___ 3DAM	
Date Received: _____	Deposit Enclosed \$ _____ Ck# _____

PARENTS' MARITAL STATUS: Married | Single | Divorced | Separated | Remarried

CUSTODIAL PARENT (IF APPLICABLE): _____

CHILD LIVES WITH: Both Parents | Father | Mother | Guardian

IF GUARDIAN, LIST NAME, ADDRESS, AND PHONE:

PERSON(S) AUTHORIZED TO TRANSPORT CHILD (NAMES AND PHONE NUMBERS):

1.) _____ Phone: (____) _____

2.) _____ Phone: (____) _____

3.) _____ Phone: (____) _____

IS THE CHILD ADOPTED? No | Yes (If "Yes," is child aware of adoption? No | Yes)

OTHER CHILDREN AT HOME (NAMES AND AGES):

1.) _____ (____) 2.) _____ (____)

3.) _____ (____) 4.) _____ (____)

FAMILY CHURCH AFFILIATION:

Father: _____ Baptized: Yes | No

Mother: _____ Baptized: Yes | No

Child: _____ Baptized: Yes | No

Does child attend Sunday School? Yes | No

OTHER PERTINENT INFORMATION:

PARENT SIGNATURE: _____ **PARENT SIGNATURE:** _____