

2017-2018 Registration Form

Joyful Noise Preschool / Emmanuel Lutheran Church
712 Grandview Dr.
Hudson, WI 54016
715-386-8820

Please **print** the following information:

3-5 year-old session (9:00-11:30 AM) – Tuesday, Wednesday & Thursday

Today's Date: _____

Child's Name: _____
Last First MI

Birthdate: ___/___/_____ Boy Girl

Current Address: _____
Street Apt. #

_____ City State Zip Code

Child's Home Phone Number: (____) _____

Email address: _____

Father's/Guardian's Name: _____

Father's/Guardian's Home Number: (____) _____ Cell Phone#: (____) _____

Father's/Guardian's Work Number: (____) _____

Father's/Guardian's Place of Employment: _____

Mother's/Guardian's Name: _____

Mother's/Guardian's Home Number: (____) _____ Cell Phone #: (____) _____

Mother's/Guardian's Place of Employment: _____

Church Currently Attending: _____

Brothers/Sisters and ages: _____

Parental Status: Divorced Married Separated Single Widowed

Please enclose non-refundable registration fee (\$50.00) with this form and return as soon as possible to Ann Winkler c/o Emmanuel Lutheran Church to reserve a spot for your child.

MAKE CHECKS PAYABLE TO EMMANUEL LUTHERAN CHURCH.