

For Grade: _____

HOME PHONE: (____) _____

EMAIL ADDRESS: _____

CELL PHONE: (____) _____

Christ Lutheran School, Inc.

248-01 Francis Lewis Boulevard, Rosedale, New York, 11422-2252

REGISTRATION FORM – 2024-2025

PLEASE PRINT ALL INFORMATION:

NAME OF PUPIL: _____ Male / Female
Last First Middle Circle one

ADDRESS: _____
House Number and Street Apt (if applicable) Town and State Zip

DATE OF BIRTH: ____/____/____ BIRTHPLACE: _____
MM/DD/YYYY

DATE OF BAPTISM: ____/____/____ CHURCH: _____
MM/DD/YYYY Name of Church Denomination Location

PUPIL'S PRESENT CHURCH: _____
Name of Church Denomination Location

FATHER (or guardian)

NAME: _____
(First) (Middle) (Last)

PLACE OF BUSINESS: _____

BUSINESS PHONE: (____) _____

COUNTRY AND DATE OF BIRTH: _____
(MM/DD/YYYY)

MEMBER OF: _____
Name of Congregation

ADDRESS: _____

PASTOR: _____

How long have you been a member of this church? _____

MOTHER (or guardian)

Maiden Name: _____

NAME: _____
(First) (Middle) (Last)

PLACE OF BUSINESS: _____

BUSINESS PHONE: (____) _____

COUNTRY AND DATE OF BIRTH: _____
(MM/DD/YYYY)

MEMBER OF: _____
Name of Congregation

ADDRESS: _____

PASTOR: _____

How long have you been a member of this church? _____

OTHER CHILDREN IN FAMILY:

Name Date of Birth Grade School

List a daytime number that we can use in case of an emergency and parent or guardian cannot be reached.

Name: _____ Telephone: (____) _____

\$65 REGISTRATION FEE, PAID IN CASH OR MONEY ORDER, MUST ACCOMPANY THIS FORM.

Rcvd: Date/by Whom: _____

Signature of Parent or Guardian