

# Fun, Friends, and Faith – Registration Form

Immanuel Lutheran Church  
5 S. Van Buren Street  
Dundee, IL 60118  
(847)428-1010  
Fax: (847) 836-6217

FAMILY NAME: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

SEX: M OR F PLACE OF BIRTH: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(Circle one) (City) (State) (month/day/year)

ADDRESS: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip code)

HOME PHONE NUMBER: \_\_\_\_\_

MOTHER'S CELL #: \_\_\_\_\_ FATHER'S CELL #: \_\_\_\_\_

EMAIL ADDRESS: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

BAPTISM DATE: \_\_\_\_\_ CHURCH WHERE BAPTIZED: \_\_\_\_\_  
(city) (State)

HAS THERE BEEN A DIVORCE? \_\_\_\_\_ DEATH? \_\_\_\_\_ IS THERE A STEP-PARENT? \_\_\_\_\_

IF SO, NAME: \_\_\_\_\_

SIBLING INFORMATION

OTHER INFORMATION ABOUT YOUR CHILD:

SCHOOL INFORMATION:

WHO RECOMMENDED OUR SCHOOL TO YOU? \_\_\_\_\_

WHY DO YOU WANT YOUR CHILDREN AT IMMANUEL? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? \_\_\_\_\_ IF SO, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES? \_\_\_\_\_ IF SO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

IN A FEW SENTENCES PLEASE DESCRIBE YOUR CHILD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ENROLLMENT INFORMATION:

Parent Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**PLEASE INCLUDE THIS FORM AND YOUR PAYMENT OF \$100 (MADE PAYABLE TO IMMANUEL LUTHERAN SCHOOL-FUN, FRIENDS, AND FAITH) FOR THE FIRST SESSION ATTENDING.** You will be receiving notification in the mail detailing your enrollment information. If independent use of bathroom requirement cannot be attained by beginning of session, your payment will be applied to the next session or will be refunded (in some circumstances).