



Lafayette Federated Church

Child's Name	Age	Grade	Birthday	Sex	Allergies or Special Needs
1.				M F	
2.				M F	
3.				M F	
4.				M F	
5.				M F	
6.				M F	

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Mother's Cell #: _____

Father's Name: _____ Father's Cell #: _____

Parent's Email (All communication will be sent to this email): _____

Who will be picking up and dropping off child(ren): _____

Is there any person restricted from picking up child(ren)?: _____

Emergency Contact:(We would contact this person if we can't reach you in an emergency or if you're not here to pick up your child(ren))

Name: _____ Phone: _____

Address: _____ Relationship: _____

Any other additional information that we should know about your child: _____

Registration Fee: \$25 per child (This fee covers the cost for Uniform/T-Shirt/Sash, book, badges & class supplies)

*** If Financial Assistance is needed, please let us know how much you are able to pay and we will cover the rest.

Total Paid: _____ Cash: _____ Check: _____ I can only pay the following amount: _____

Received: Book _____ T-Shirt (Scooters) _____ Sash (P.G.) _____ Uniform (C.S.B) _____