



POINTE KIDZ

2016—17 REGISTRATION FORM

CHILDREN 18 MONTHS-4TH GRADE

PARENT(S) NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

MOM'S CELL: _____

DAD'S CELL: _____

CHILD'S NAME: _____

MALE FEMALE

SCHOOL: _____

BIRTHDATE: _____

ALLERGIES: _____

GRADE 2016-17: _____

CHILD'S NAME: _____

MALE FEMALE

SCHOOL: _____

BIRTHDATE: _____

ALLERGIES: _____

GRADE 2016-17: _____

CHILD'S NAME: _____

MALE FEMALE

SCHOOL: _____

BIRTHDATE: _____

ALLERGIES: _____

GRADE 2016-17: _____

PARENT CONSENT & COMMITMENT:

In choosing to enroll my child(ren) in POINTE KIDZ, I understand that I am agreeing to partner with Trinity Lutheran Church in providing a positive Christian learning environment for my child(ren) both at home and at church.

I will support this program in the following ways:

- Attend Pointe Kidz each week with my child
 - Two Sundays a Month—Family Discipleship Gathering (preschool-4th grade)
 - Other Sundays separate classes/groups for parents and children (preschool -4th grade)
- One parent of children 18 month to preschool needs to be in the classroom with his/her child each week.
- Make worship attendance, POINTE KIDZ attendance, and Bible memory a priority
- Support POINTE KIDZ in prayer

I also give Trinity Lutheran Church & School permission to use pictures or video of my child(ren) for educational and marketing purposes. Names will not be used.

SIGNATURE: _____ DATE: _____

TRINITY
LUTHERAN
CHURCH & SCHOOL