

HOLY TRINITY LUTHERAN CHURCH



# Parents' Day Out

## Registration Form

Child's Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Allergies: \_\_\_\_\_ EpiPen: Y N Inhaler: Y N

Special Needs: \_\_\_\_\_

Principal language spoken at home: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Holy Trinity Parents' Day Out Tuition is \$60 weekly*

**Holy Trinity Lutheran Church**  
**1101 W. Hudson Rd.**  
**Rogers, AR 72756**