



Class Information

Class Name: _____ Session: _____

Day/Time: _____ Fee: _____

Student Information

Student's Name: _____

Sex: _____ Age: _____ Birthdate: _____

Parent's Names: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact

Name: _____

Relationship: _____ Phone Number: _____

Parent Signature

Date

Print and mail completed form to:

Our Saviour's Lutheran Church
c/o The Reading Center Inc.
1234 N. Arlington Heights Rd., Arlington Heights, IL 60004