

RESURRECTION LUTHERAN SCHOOL

ESCaPE REGISTRATION FORM

1. Child's Name: First _____ Last _____

Grade Level: K 1 2 3 4 5 6 7 8

2. Child's Name: First _____ Last _____

Grade Level: K 1 2 3 4 5 6 7 8

3. Child's Name: First _____ Last _____

Grade Level: K 1 2 3 4 5 6 7 8

4. Starting Date: (Beginning of School) or Other : _____

Childcare: Varied Schedule **Set Schedule (same every week)**

Details:

2. Please share any special needs/concerns you or your child has that would aid our care/ education providers. (Include health concerns/allergies)

Billing Information (This person will receive all mailing/billing information and will be responsible for payment.)

Please check if billing information is the same as in directory.

If it is different from directory information, please fill out the information below.

Parent/Guardian Name _____

Address/City/State/Zip _____

City / State / Zip _____ / Minnesota / _____

Cell Phone Number _____ Email _____

Home Phone # _____

An ESCaPE registration fee of \$10 per family is due with this form.