

**Desert Foothills Lutheran School
29305 North Scottsdale Road
Scottsdale, Arizona 85266
480-502-8101**

Priority (Please circle below if applicable)

Returning Student Sibling of Current or Former Student Church Member

Child's Birth Date _____

Child's Last Name First Name Sex

Address City Zip

Mother's Last Name First Name Cell Phone

Father's Last Name First Name Cell Phone

Home Phone Email Address

Church/Affiliation Pastor/Minister Name

Has your child been baptized? Yes No If yes (month & year) _____

How did you hear about us? _____

Please number the options below in order of your first and second choices. Due to the number of registrants, we are not always able to provide you with your most preferred schedule. We will attempt to accommodate as many first requests as possible.

- | | | |
|-------|-----------------|-----------------------------|
| _____ | 3 yr old T/Th | 9:00 – 11:30 (3 by Sept. 1) |
| _____ | 3 yr old M/W/F | 9:00 – 11:30 (3 by Sept. 1) |
| _____ | 4 yr old M/W/F | 9:00 – 11:30 (4 by Sept. 1) |
| _____ | 4 yr old M – Th | 9:00 – 11:30 (4 by Sept. 1) |

Signature _____ Date _____

Return this form with your first month's tuition and non-refundable enrollment fee of \$100.

Office Use Only
Registration Fee & Tuition _____ Date Received _____ Check # _____