

ST. PETER'S LUTHERAN PRESCHOOL
Registration Form – 2018-2019

Non-refundable \$60 registration fee _____ (Make checks payable to St. Peter's Lutheran School)

PLEASE FILL OUT COMPLETELY

Registration for (choose one) _____ Tues./Thurs. 8:30 – 11:30 AM
_____ Mon./Wed./Fri. 8:30 - 11:30 AM
_____ Monday through Friday 8:30 – 11:30 AM

Name of child _____
last first middle male/female birth date

Nickname of child (how child will write his/her name) _____

Address _____

Home Phone No. _____ Mom's Cell No. _____ Dad's Cell No. _____

Email _____

Is the child baptized? Yes / No
Are you a member of a church? Yes / No If applicable, what denomination? _____

Father's Name _____ Work # _____

Address (if different from child's) _____

Occupation _____ Employer _____

Church Affiliation: Congregation _____ City/State _____

Mother's Name _____ Work # _____

Address (if different from child's) _____

Occupation _____ Employer _____

Church Affiliation: Congregation _____ City/State _____

Family members living in the home (include parents' names):

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other information / ALLERGIES: _____

How did you hear about us? _____
_____ Flyer/Sign _____ Friend (name _____)
_____ Internet _____ Other (_____)
_____ Parents & Tots Class