

**ST. PETER'S LUTHERAN PRESCHOOL**  
**Registration Form – 2016-2017**

Non-refundable \$50 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