

ST. PETER'S LUTHERAN PRESCHOOL

Registration Form – 2019-2020

Non-refundable \$70 registration fee _____ (Make checks payable to St. Peter's Lutheran)

PLEASE FILL OUT COMPLETELY

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

Name of Child _____
Last first middle male/female birth date

Nickname of child (how child will write their name) _____

Address _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

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)

NAME	AGE	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other information/ALLERGIES:

How did you hear about us?

- Flyer/Sign Internet
 Parents and Tots Class
 Friend (Name _____)
 Other _____