ST. PETER'S LUTHERAN PRESCHOOL

Registration Form – 2017-2018

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):

Name	Age	Relationship to Child

Other information / ALLERGIES: _____

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