GRACE LUTHERAN PRESCHOOL

Registration Form *(please print using black ink)*

Information about your child:

Name _____
(Last) (First) (MI)

Nickname (if any) _____

Address _____

_____

Date of Birth _____

Age as of **August 31st** _____

Sex: M___ F___ Right or left handed? _____

Does your child have allergies? No ___ Yes ___

If yes, explain: _____

_____

Please provide any information concerning your child which will be helpful in their experiences in group settings (such as play and eating habits, fears, special likes and dislikes): _____

_____

Names & ages of siblings: _____

_____

Emergency Care Information:

Child's Doctor _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

List two people who will care for your child in case father, mother, or guardian cannot be contacted,

(1) Name _____
Address _____
Relationship _____ Phone _____

(2) Name _____
Address _____
Relationship _____ Phone _____

How did you hear about Grace Lutheran Preschool?

_____

Would you like scholarship information? _____

Name of church currently attending: _____

Information about the family:

Mother/Guardian _____

Address _____

Phone _____ Cell/Beeper _____

Employer _____ Phone _____

Email Address _____

Father/Guardian _____

Address _____

_____

Phone _____ Cell/Beeper _____

Employer _____ Phone _____

Email Address _____

FAMILY STATUS OF PARENTS
(please circle)
Married—Single—Divorced—Separated—Remarried

Child is living with _____

Relationship _____

Person(s) who may not have contact with the child

_____

If custody is an issue,
current papers must be on file.

If anyone, other than a parent or guardian, will be picking up the child on a regular basis, please provide name(s): _____

_____

Circle the desired program for your child:

Walker Class	2 days	3 days	5 days
Two-Year-Old Class	2 days	3 days	5 days
Three-Year-Old Class	2 days	3 days	5 days
Pre-K Class Class	2 days*	3 days	5 days

2 Days – Tuesday & Thursday
3 Days – Monday, Wednesday, Friday
5 Days – Monday - Friday

*T/TH program for four year olds is only available after MWF & M-F classes have been filled. Please inquire about openings.

THIS COMPLETED FORM MUST BE ACCOMPANIED BY A $75 NON-REFUNDABLE TEGISTRATION FEE.

FOR SCHOOL USE ONLY

Date of Acceptance _____

Age as of Aug. 31st _____

Registration Paid _____ Check # _____

_____
Date

_____
Signature of Parent/Guardian

The Grace Lutheran Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, program and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration or its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.