

Calvary Lutheran Preschool Registration

Child's Name _____
(first) (middle) (last)

Child's Address _____

Home phone number: _____

Child's date of birth (month/day/year): _____

Father's Info:

Mother's Info:

Name: _____

Occupation: _____

Work Number: _____

Cell Number: _____

Name by which your child prefers to be called: _____

What name do you want your child to learn to print? _____

Child resides with (check one)

both parents mother father other: _____

Names and ages of our other children in the family:

Religious affiliation:

Baptist Lutheran Pentecostal Catholic

Methodist Episcopal non-denominational

other (please indicate) _____

Do you and your child currently attend church? Yes No

(Please see back)

Please note any disabilities, extreme fears or health information (i.e. allergies) which would help the staff in working with your child. Also, please note if you detect any hearing, speech or seeing difficulties in your child.

How did you hear about Calvary Lutheran Preschool?

___ advertisement/article in newspaper ___ Calvary's Preschool Sign
___ Realtor ___ other ___ recommended by family or friend

Name of person who recommend you: _____

Please be sure to carefully read our Handbook.
Watch for an Orientation letter to come to you around the end of July.
Please call us with any changes in the information on this form.
All information on this form will be kept confidential.

Signature: _____ Date: _____

A \$25 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION.

Office use only

Date received: _____

Registration fee: _____ cash ___ check ___

Staff initials: _____