

PLEASE FILL IN ALL BLANKS ON BOTH SIDES OF FORM, COMPLETELY

Class Day \_\_\_\_\_

Age \_\_\_\_\_

(As of September 1st)

# ST. MARK'S LUTHERAN PRESCHOOL APPLICATION FOR ENROLLMENT

Child's Name \_\_\_\_\_ Name used in class: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_ Child Baptized? Yes No

Name of Father \_\_\_\_\_

Home Address of Father \_\_\_\_\_ Tel. # \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Cell # \_\_\_\_\_

Occupation \_\_\_\_\_

Firm Name & Address \_\_\_\_\_ Tel. # \_\_\_\_\_

Work Schedule \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Name of Mother \_\_\_\_\_

Home Address of Mother \_\_\_\_\_ Tel. # \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Cell # \_\_\_\_\_

Occupation \_\_\_\_\_

Firm Name & Address \_\_\_\_\_ Tel. # \_\_\_\_\_

Work Schedule \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Who does this child live with? Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Brothers & Sisters (Names & Ages)

Pets (Kinds & Names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of emergency, when parents/guardian are not available during class time:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Local Tel. # \_\_\_\_\_

Names of persons authorized to pick up my child:

\_\_\_\_\_ Relationship \_\_\_\_\_ Tel.# \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Tel. # \_\_\_\_\_

Name if child goes to babysitter \_\_\_\_\_ Tel. # \_\_\_\_\_

List any problems, allergies, or health concerns of your child:

\_\_\_\_\_  
\_\_\_\_\_

A NON-REFUNDABLE REGISTRATION FEE OF \$85.00 MUST BE TURNED INTO THE OFFICE WITH THIS FORM,  
TO RESERVE A PLACE FOR YOUR CHILD

**For Office Use Only**

Registration Fee Paid \_\_\_\_\_ Supply Fee Paid \_\_\_\_\_

1<sup>st</sup> Day of School \_\_\_\_\_ Immunization \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

# MEDICAL CONSENT

I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

## PREFERENCE FOR CLASS TIME

### 4 & 5 YEAR OLDS

\_\_\_\_\_ Monday, Wednesday & Friday Morning Class

### 3 YEAR OLDS

\_\_\_\_\_ Monday, Wednesday & Friday Morning Class

\_\_\_\_\_ Tuesday & Thursday Morning Class

Is there any reason why other days would not suit you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ST. MARK'S LUTHERAN PRESCHOOL FIELD TRIPS

I give permission for \_\_\_\_\_ to attend all field trips in the school year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

