

ST. PAUL'S LUTHERAN PRESCHOOL INFORMATION FORM

605 S. Center St., Bremen, IN 46506

Beginner Class

School Year 2011-2012

Date

Name of child last first middle Name child is to be called

street address

city state zip code

Home phone cell Male Female

Date of birth

Is your child baptized? Dedicated?

Family's church name & address

FATHER

MOTHER

Name: Address: Employer: Work #: (for both father and mother)

BROTHERS

SISTERS

Name: Date of birth (for brothers and sisters)

Person with whom child resides: ()Father () Mother () Both Other:

Name and address of person responsible for all payments & charges

Any information about the child (his interests or personality) that may be of value to the teacher

Registration Fee for all students before the beginning of each school year:

Tuesday-Thursday (must be 3 by 8-1-11)

Beginner Class..... \$60.00

OVER

Emergency Information

Emergency phone numbers in case parents cannot be reached (relative or friend):

Name and number _____

Name and number _____

Babysitters name and number _____

Name of family doctor and number _____

Does your child have any allergies? _____yes _____no

If yes, explain _____

Does your child have asthma? _____yes _____no

If yes, are there any restrictions? _____

Does your child have any hearing or sight limitations? _____yes _____no

If yes, explain _____

Does your child require any special medications or an EpiPen? _____yes _____no

If yes, explain _____

Person (s) authorized to pick up my child (besides parents, guardians, or emergency pick-ups)

Name: _____comment: _____

Name: _____comment: _____