

ST. PAUL'S LUTHERAN PRESCHOOL INFORMATION FORM

605 S. Center St., Bremen, IN 46506

Pre-Kindergarten Class

School Year 2011-2012

Date _____

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

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: _____	Name: _____	Address: _____
Employer: _____	Work #: _____	Employer: _____	Work #: _____

-----BROTHERS-----		-----SISTERS-----	
Name: _____	Date of birth _____	Name: _____	Date of birth _____
_____	_____	_____	_____
_____	_____	_____	_____

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 at the beginning of each school year:
Monday-Wednesday-Friday (must be 4 by 8-1-11) Pre-Kindergarten 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: _____