

Office
Use Only

Class Placement _____	Enrollment Date: _____ Exit Date: _____
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GRACE LUTHERAN PRESCHOOL REGISTRATION FORM

Student

Full Name:	Gender: (circle) Male Female
Name to be used at school:	Address:
Date of Birth	
Home Phone:	City: _____ Zip: _____
Email (optional): _____	

Father

Name:	Business Address:
Occupation:	
Phone:	Hours of Employment:
Cellular:	

Mother

Name:	Business Address:
Occupation:	
Phone:	Hours of Employment:
Cellular:	

Parents' Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Other children in the family (names & ages)

Child's
Doctor

Name:	Address:
Phone:	

Emergency
Contacts

#1 Name:	Relation:
Phone:	Cellular:
#2 Name:	Relation:
Phone:	Cellular:

Description
of the child

Describe your child's general health:	Allergies:
Describe your child's personality:	Does your child show a preference for using his/her LEFT or RIGHT hand? (circle one)

Parents' church affiliation: _____

THIS INFORMATION MUST BE KEPT UP TO DATE.
PARENTS SHOULD ADVISE THE SCHOOL OF ANY CHANGES.

Parent/Guardian

Signature: _____ Date: _____