I prefer: Session I_____ Session II _____

REGISTRATION FOR GRACE LUTHERAN PRESCHOOL
TERRIFIC 2'S CLASS

Student

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 ☐ Separated ☐ Divorced ☐ Widowed ☐
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:_____

Parent/Guardian Signature:_____Date:_____