

CHRIST LUTHERAN PRESCHOOL APPLICATION 2008-09

Child's Name _____
Last First Middle

Address _____

Birth date _____ Soc Sec # _____ Sex _____

Mothers Name _____ Fathers Name _____

Address _____ Address _____

Phone _____ Cell _____ Phone _____ Cell _____

Email _____ Email _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Emergency contact (name) – other than parent _____

Emergency Phone # _____ Doctor _____ Phone _____

What name do you call your child? _____

List Brothers and Sisters, names and ages _____

Other adults in the home (list) _____

Child will be brought to school by _____ Phone _____

Child will be picked up by _____ Phone _____

List any allergies/medical problems: _____

Bladder and bowel control (yes or no) _____ Term used _____

Problems _____

Which hand does your child prefer to use? _____

Does your child have an awareness of God? _____

Does your child attend: Sunday School _____ Church _____

Of which Congregation are you a member _____

Who has charge of the major part of your child's daytime care? (circle one)

Babysitter Relative CLS Day Care Parent

Daycare/Babysitter

Name _____ Phone _____

List any fears the child has that we should know about _____

What would you like your child to gain from the Preschool experience?

Age of child when starting Preschool _____ Recommended by _____

Please use the space below for any additional information

Please **include a \$30 Registration Fee** (payable to Christ Lutheran School) with form

Please **indicate your 1st and 2nd choice** from the following sessions:

(4 year olds only)

___ 5-Day a.m. ___ 3-Day a.m. ___ 2-Day a.m.

___ 5-Day p.m. ___ 3-Day p.m. ___ 2-Day p.m.

Today's Date _____

Parent Signature _____

• * * * * * For Office Use

Date of Entrance _____ Date of Termination _____

Reason _____

Date App Received _____

Reg Fee Pd _____ Check # _____ Cash _____