



CROWN *of* LIFE

Lutheran School



Child's Name: _____
Last First MI

Name Child Goes By: _____ Sex: M/F

Birthdate: _____

Address: _____

Phone Number: Home: _____ Cell: _____

E-Mails: _____

PRESCHOOL PROGRAMS

Please check one of the following. My Child will be attending...

- 3K, two days a week
- 3K or 4K, three days a week
- 3K or 4K, five days a week

Please check one of the following. My Child will be attending...

- Half Day (from 8:15am - 11:45am)
- Full Day (from 8:15am - 3:15pm)

Parent/Guardian Signature: _____ Date: _____

Any additional comments or information that we should know:

Parent or Guardian Information

Father's Name: _____ Cell: _____

Father's Address: _____

Father's Occupation and Place of Employment: _____

_____ Phone: _____

Mother's Name: _____ Cell: _____

Mother's Address (if different from above): _____

Mother's Occupation and Place of Employment: _____

_____ Phone: _____

Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child):

Name	Age	In Home with Child? Y/N
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons living with the child and their relationship (if any) to child

Family Religion: _____

Home Church: _____

Is Child Baptized: Yes / No