Calvary Lutheran Preschool Registration

Child's Name		
(first) Child's Address	(middle)	(last)
Home phone number:	<u></u>	
Child's date of birth (month/day/year):		
Class Choice (circle one) 3/4yr Tues/Thu 8:30-11	4/5yr M-W-F 8:30-11	Pre-K 5/6yr M-F 8:30-11:30
NOTE: A CHILD MUST BE 5 YEARS OLD KINDERGARTEN. THEREFORE, THE SAME 1" IS USED FOR PLACEMENT IN THE APPR	CUTOFF DATE "ON	OR BEFORE AUGUST
Father's Info:	Mother's Info:	
Name:		
Occupation:		
Work Number:		
Cell Number: Email:		
Name by which your child prefers to be calle What name do you want your child to learn Child resides with (check one)both parentsmotherfather	to print?	
Names and ages of our other children in the		
Religious affiliation:BaptistLutheranPeMethodistEpiscopalnoother (please indicate) Do you and your child currently attend chur	on-denominational	

	d you hear about Calvary Lutheran Preschool? dvertisement/article in newspaper Calvary's Preschool Sign
	ealtorotherrecommended by family or friend
We, at health staff or childre to need	of person who recommended you:
Immun	izations are up to date:yesnonot sure
Allergie	es:
Disabili	ities:
Health	Concerns:
Extrem	e Fears:
	Please call us with any changes in the information on this form. All information on this form will be kept confidential. I, the undersigned, being aware of my child's health and physical conditions, hereby release Calvary Lutheran Church and Preschool and its employees from liability for accidental injury or illness as a result of participation:
Signatu	ure: Date:
	A \$25 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION.
	Office use only
	Date received:
	Registration fee: cash check

Staff initials: