

# Living Word Lutheran Preschool Registration Form School Year 2018- 2019

Child's Full Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City / Zip Code \_\_\_\_\_

Parents / Guardian \_\_\_\_\_

Circle one:    Single   /   Married   /   Divorced   /   Separated

Siblings	Date of Birth <i>(for appropriate mailings)</i>
_____	_____
_____	_____
_____	_____
_____	_____

Religion \_\_\_\_\_

Home Church \_\_\_\_\_

School District \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Days/Hours \_\_\_\_\_

Days/Hours \_\_\_\_\_

**Please enroll my child in:** Child must be 3 by Sept. 1<sup>st</sup>. *(please check session)*

\_\_\_\_\_ Two-day program - Wednesday / Thursday    9 a.m. – 12 p.m.

\_\_\_\_\_ Three-day program - Tuesday, Wednesday, Thursday    9 a.m. – 12 p.m.

**My child is a:**

\_\_\_Living Word Church member    \_\_\_Returning enrollee    \_\_\_Sibling of a former student    \_\_\_First-time enrollee

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date