

CHRIST'S LUTHERAN CHURCH PRESCHOOL APPLICATION

(please circle program desired)

(for school use – deposit _____)

2 year-old program 2 days: Mon/Wed (9:00-12:00) children must be 2 by 9/1/15

3 year-old program 2 days: Tues/Thurs (9:00-12:00) children must be 3 by 12/31/15

3 year-old program 3 days: Tues/Thurs/Fri (9:00-12:00) children must be 3 by 12/31/15

4 year-old program 4 days: Mon/Wed/Thurs/Fri (9:00-12:00) children must be 4 by 12/31/15

4 year-old program 5 days: Mon – Fri (9:00-12:00) children must be 4 by 12/31/15

5 year-old program 5 days: Mon – Fri (9:00-12:00) children must be 5 by 9/31/15

Child's Name: _____ M F Birthdate: _____

Nickname: _____

Parent's Names: _____

Address: _____

(City/state/zip): _____

Phone Number Mother: _____ Father: _____

Mother's Employer: _____ Work Phone: _____

Father's Employer: _____ Work Phone: _____

Child's Favorite interest/activities: _____

What opportunities does he/she have to play with children of same age?

Previous School experience (nursery school, Sunday School, Etc.)

Adults in home other than parents: _____

Other children in family (name & birthday) _____

Have other children in family attended this school? _____

Concerns-disabilities, allergies, medical conditions (please feel free to use back of application

Parents' Church affiliation: _____

Parent's Signature: _____ Date: _____