

Faith Lutheran Preschool

Registration Information

Year:

PS

PK

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	NICK NAME
STREET ADDRESS		CITY	ZIP
HOME PHONE ()	DATE OF BIRTH	AGE (circle) 3 4 5	GENDER (circle) Male Female
FATHER'S NAME	FATHER'S CELL PHONE ()		FATHER'S HOME PHONE ()
FATHER'S EMPLOYER			FATHER'S WORK PHONE ()
MOTHER'S NAME	MOTHER'S CELL PHONE ()		MOTHER'S HOME PHONE (IF DIFFERENT) ()
MOTHER'S EMPLOYER			MOTHER'S WORK PHONE ()
PERSON(S) WITH WHOM CHILD LIVES	PREFERRED EMAIL ADDRESS @		
Persons other than parent/guardian who would be available to care for your child in an emergency.			
NAME	RELATIONSHIP TO CHILD	HOME/CELL PHONE	WORK PHONE
NAME	RELATIONSHIP TO CHILD	HOME/CELL PHONE	WORK PHONE
FAMILY DOCTOR	PHONE	FAMILY DENTIST	PHONE

OFFICE USE ONLY
Registration Fee Paid Receipt# Date

FORM CONTINUES ON BACK >

Registration Information Continued

If my child is hurt and the preschool is unable to locate us, I request that my child be taken to a doctor for emergency care:

Signature: _____ Date Signed: _____

I give my permission for the preschool staff to take my child on fieldtrips:

Signature: _____ Date Signed: _____

I give my permission for the preschool to use pictures of my child in publications and websites:

Signature: _____ Date Signed: _____

NAME OF SIBLING	AGE	NAME OF SIBLING	AGE
NAME OF SIBLING	AGE	NAME OF SIBLING	AGE

NAME OF CHURCH YOU ATTEND (OR CHURCH PREFERENCE)

IS YOUR PRESCHOOLER BAPTIZED?	DATE OF BAPTISM	PLACE OF BAPTISM
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IMPORTANT INFORMATION PERTINENT TO YOUR CHILD'S WELL-BEING (ALLERGIES, FEARS, ETC...)

CHOICE OF TUITION PAYMENT PLAN

- One payment for full year in September (5% discount)
- Two payments, one in September and one in January (2% discount)
- Nine equal monthly payments, September through May

www.faithontheweb.org/preschool

Mail or deliver this form with the registration fee to:
 Faith Lutheran Preschool
 6000 West SR46
 Columbus Indiana 47201
 (812) 342-3587