

Bethlehem Lutheran School
PRE-SCHOOL APPLICATION

Session attending:
3 yr old Pre K (2day session)
___ AM or ___ PM
4 yr old Pre K (3 day session)
___ AM or ___ PM

Enrollment date: _____

Birth date: _____

Sex: ___ M ___ F

Child's Name: _____ Home Phone: _____
Address: _____ City: _____ Zip: _____
Home email address: _____

Father/Guardian Name: _____ Home Phone: _____
Address (if different from child): _____ City: _____ Zip: _____
Father's Business Name & Address: _____
Work Phone No.: _____ Hours: _____
Occupation: _____

Mother/Guardian Name: _____ Home Phone: _____
Address (if different from child): _____ City: _____ Zip: _____
Mother's Business Name & Address: _____
Work Phone No.: _____ Hours: _____
Occupation: _____

Child lives with: _____ both parents _____ Mother _____ Father

Other children in the family:

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Person to contact, in case of an emergency, when parent/guardian can't be reached:

Name: _____	Relationship: _____
Home Phone No.: _____	Work Phone No.: _____
Address: _____	City: _____ Zip: _____

Persons authorized to pick up my child:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Any allergies or medical conditions: _____

Is this child baptized: ___ Yes ___ No Church Affiliation: _____

Admission is ensured when the completed Preschool Application, first month's tuition, and \$25.00 supply fee are received by the school. This means September's tuition is paid with enrollment. *Note: This down payment tuition and supply fee is non-refundable.*

MEDICAL CONSENT

I give my child consent for emergency medical care or treatment, to be used only if I cannot be reached.

Signature: _____

PERMISSION FORM

I give my child _____ permission to participate in all outdoor outings and field trips while enrolled in school.

Signature: _____