

Bethlehem Lutheran School
2017-'18 PRESCHOOL APPLICATION

Session attending:
3 yr old Pre K (Tuesday/Thursday)
 ___ AM
4 yr old Pre K
 ___ AM (Monday/Wednesday/Friday) or
 ___ PM (5 day/week)

Today's date: _____

Birth date: _____
Sex: ___ M ___ F

Child's Name: _____ Primary Phone #: _____

Address: _____ City: _____ Zip: _____

Primary email address: _____

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

Mother/Guardian Name: _____ Cell Phone #: _____
Address (if different from child): _____ City: _____ Zip: _____
Work Phone No.: _____ Hours: _____
Occupation: _____ Mother's Email: _____

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: _____
Contact Phone No.: _____

Persons authorized to pick up my child (not including mother & father):

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

Any allergies or medical conditions: _____

Is this child baptized: ___ Yes ___ No Church you attend: _____

Admission is ensured when the completed Preschool Application, first month's tuition, \$25.00 supply fee and Simply Giving Form 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: _____

Office Use Only: Documents Received ___ application ___ tuition deposit ___ supply fee ___ Simply Giving form