

**Bethlehem Lutheran School**  
**2019-'20 PRESCHOOL APPLICATION**

Session attending:  
3 yr old Pre K (Tue/Thurs)  
    \_\_\_ AM  
4 yr old Pre K  
    \_\_\_ AM (Mon/Wed/Fri) or \_\_\_ PM (5 day/week)

Today's date: \_\_\_\_\_

Birth date: \_\_\_\_\_  
Sex: \_\_\_ M \_\_\_ F

Please print clearly:

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: \_\_\_\_\_

Will this child need Childcare? \_\_\_ Yes \_\_\_ No If yes, fill out the **attached Childcare Pre-Registration form**.

**Admission is ensured when the completed Preschool Application, first month's tuition, \$25.00 supply fee and Tuition Express Form are received by the Preschool/Childcare Office. 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 \_\_\_ Tuition Express form