

Trinity Lutheran Preschool Registration

School year _____

Student's Name _____
(Last) (First) (Middle)

Street address _____ Home Phone _____

City _____ State _____ Zip _____ P.O. Box _____

Student's Birthdate _____ City and State of Birth _____

Last School attended _____ Location _____

Date of Student's Baptism _____ Church _____

Home Environment

Father's name _____ Employer _____ Work phone _____ Social Security No. _____

Mother's name _____ Employer _____ Work phone _____ Social Security No. _____

Other Children in Family:

Student lives with:

Name	Date of Birth	_____ mother	_____ stepmother
1. _____	_____	_____ father	_____ stepfather
2. _____	_____	_____ Guardian	_____ Grandparent
3. _____	_____	_____ Foster parent	
4. _____	_____		

Health Information (Check all that apply):

_____ Asthma _____ Allergy _____ Chicken Pox _____ Epilepsy
_____ Glasses _____ Measles _____ Other _____

Family Doctor : _____ Phone _____

Family Church: _____

Parent's Signature _____

Date _____