

ST. LUKE'S KINDERGARTEN REGISTRATION FORM

PROGRAMS (Circle one class and/or one session)

Kindergarten: **All Day (M-F)**

FAMILY BACKGROUND

Child's Name: _____ Name to be used in school: _____ Sex: _____

Birthday: _____ Home Phone #: _____ Emergency #: _____

Address: _____ City: _____ Zip: _____

Child lives with: Mother _____ Father _____ Both _____

Email Address: _____

Mother's Name: _____ Cell Phone # _____

Mother's Address: _____

Mother's Employer: _____ Occupation: _____

Work Phone #: _____

Father's Name: _____ Cell Phone # _____

Father's Address: _____

Father's Employer: _____ Occupation: _____

Work Phone #: _____

Other Children in Family	Age	Grade Level in School
_____	_____	_____
_____	_____	_____

Current marital status of child's parents: _____

Has there been a divorce, death, illness, or other event in the family which might affect your child? (If so, explain) _____

CHURCH AFFILIATION

Are you currently a member of a particular church? _____ Yes _____ No

Church Name/Address _____

Pastor's Name _____

Is student baptized? _____ Where does child attend Sunday School? _____

GENERAL

How did you hear about St. Luke's? _____ Word of mouth _____ Newspaper _____ St. Luke's Website _____ Internet

What do you feel will be the advantage of your child attending a Christian Preschool/Kindergarten?

