

# FIRST LUTHERAN CHURCH PRE -SCHOOL REGISTRATION FORM

CHILD'S FULL NAME \_\_\_\_\_

NAME CHILD GOES BY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX: M F

DATE OF BAPTISM (MONTH & YEAR) \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

CHILD'S HOME PHONE NUMBER \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

FATHER'S NAME \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S OCCUPATION AND PLACE OF EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S ADDRESS (IF DIFFERENT THAN FATHER'S ADDRESS) \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S OCCUPATION AND PLACE OF EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

## FAMILY INFORMATION

BROTHERS AND/OR SISTERS (PLEASE INDICATE AGES AND WHETHER THEY LIVE WITH THE CHILD)

| NAME | AGE | IN HOME Y/N |
|------|-----|-------------|
|------|-----|-------------|

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY OTHER PERSON(S) LIVING WITH THE CHILD AND THEIR RELATIONSHIP

(IF ANY) TO THE CHILD \_\_\_\_\_

\_\_\_\_\_

CHURCH IN WHICH YOU ARE A MEMBER \_\_\_\_\_

\_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

(OVER PLEASE)

PERSONAL HISTORY

IS YOUR CHILD RIGHT -HANDED OR LEFT -HANDED? \_\_\_\_\_

HAS YOUR CHILD HAD A PREVIOUS GROUP INTERACTION OR PRE -SCHOOL EXPERIENCE?  
IF SO, WHERE? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, PLEASE LIST. \_\_\_\_\_

\_\_\_\_\_

ARE THERE ANY MEDICAL PROBLEMS OF WHICH WE SHOULD BE AWARE? \_\_\_\_\_

\_\_\_\_\_

LIST SPECIAL FOOD OR EATING INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

ANY ADDITIONAL INFORMATION, PLEASE LIST \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PICK -UP OF CHILD

PERSONS AUTHORIZED TO PICK UP YOUR CHILD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_