

Trinity Lutheran Preschool/School Age Program 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 _____

Mother's name _____ Employer _____ work phone _____

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 Signature _____ Date _____