

# 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. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Health Information: (Check all that apply)

\_\_\_\_\_ Asthma \_\_\_\_\_ Allergy \_\_\_\_\_ chicken pox \_\_\_\_\_ Epilepsy  
\_\_\_\_\_ glasses \_\_\_\_\_ Measles \_\_\_\_\_ other \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Church \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_