

Mount Hope Lutheran Preschool/School Registration 2017-2018

Registering For Preschool Class: (Circle One)

PK3 (T/Th) PK4 (M/W/
F)

Registering For Grade: (Circle One) K 1st 2nd 3rd 4th 5th 6th 7th 8th

Student's Name: _____ Home Phone #: _____
Birth Date: _____ Present Age: _____ Sex: _____
Home Address: _____ Zip Code: _____
Mailing Address: _____ Zip Code: _____
Religious Affiliation: _____ Child's Baptism Date: _____

Parents are: (Circle One) Married Single Separated Divorced Widowed

	Name	Address	Home #	Employer	Work #
Father:	_____	_____	_____	_____	_____
Mother:	_____	_____	_____	_____	_____
Guardian:	_____	_____	_____	_____	_____

Please list any Cell Phone #'s the school personnel should know:

Name: _____ Phone #: _____
Name: _____ Phone #: _____

IN CASE OF EMERGENCY, CALL: (other than listed above)

Name: _____ Phone #: _____
Name: _____ Phone #: _____

Please list any information about this child the school personnel should know: (allergies, medication, illness, unusual conditions, special education, etc.) _____

Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____

Race of student: (Optional) Caucasian African American Hispanic Asian/Pacific Islander Native American

School and Grade last attended: _____

Other Children Living at Home:

Name: _____	Birth Date: _____	Grade in School: _____
Name: _____	Birth Date: _____	Grade in School: _____
Name: _____	Birth Date: _____	Grade in School: _____

ONLY THE FOLLOWING PERSON(S) MAY REMOVE MY CHILD(REN) FROM CARE WITHOUT PREVIOUS NOTICE:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

email _____

Office use only:

Date enrolled _____