

Preschool Application for Enrollment ~ 2016-2017 School Year

★ **PLEASE FILL OUT FORM COMPLETELY WITH DARK BLUE OR BLACK INK**

Select program:

Student's Full Name _____

3-Year-Old Program:

Goes by _____ Gender _____

⇒ Tuesday & Thursday
9:00-11:30 a.m. _____

Address _____

4-Year-Old Program:

City _____ Zip _____

⇒ Mon, Wed & Fri
8:30-11:30 a.m. _____

Home Telephone _____

4-Year-Old Program:

Date of Birth _____ Place of Birth _____

⇒ Monday - Thursday
12:30-3:30 p.m. _____

How did you hear about St. Philip Lutheran School? _____

⇒ Tuesday - Friday
12:30-3:30 p.m. _____

Father's Name _____ Mother's _____

Marital Status _____ Child Lives With _____

Father's Occupation _____ Mother's _____

Work Telephone _____ Work Telephone _____

Cell Telephone _____ Cell Telephone _____

Email Address _____ Email Address _____

Parent's Church _____ City _____ Active? _____

Does child attend Sunday School? _____ Where? _____

Has child been baptized? _____ When? _____

<u>Names of brothers and/or sisters</u>	<u>Date of Birth</u>	<u>School</u>
_____	_____	_____
_____	_____	_____

☆☆ **Additional information which school should know** (physical handicaps, special needs, etc.)

We, as parents, desire a quality, Christ-centered education for our child and believe that St. Philip Lutheran School will provide this type of education. We understand that this education involves a partnership between the parents and the school. We will commit to timely payment of tuition/fees, include the school in our prayers, and seek to keep open lines of communication with the school.

Signature of Father	Signature of Mother	Date
★ ★ ★ ★ ★ ★	★ ★ ★ ★ ★ ★	★ ★ ★ ★

Please enclose the registration fee of \$200 with this application

Office Use Only: App. Received - Date _____ Time _____

Registration Fee _____	Amount \$ _____	Check # _____
Scrip Option _____	Amount \$ _____	Check # _____

Student	
New	Ret _____
Family	
New	Ret _____
Siblings	_____
Reg Pkt	_____