



Preschool Application Form

OFFICE USE ONLY Date received: _____ Fee paid: <input type="checkbox"/>

APPLICATION DATE _____

Enrollment for children ages 3-5 years, Monday, Wednesday & Friday 9am—11:30am. Please complete this form and remit the \$50 non-refundable application fee to Atonement Lutheran Preschool. Tuition is \$150.00 per month.

STUDENT INFORMATION

Date of Birth _____ Gender Male Female

Fees Paid _____ Total Amount _____ Check Number _____

Person who received application _____

Student's Name _____ Preferred Name _____

Class/Teacher Assignment _____

Home Address _____

Home Phone _____ Cell Phone _____ Family Email _____

GUARDIAN INFORMATION

Father's Name _____ Business Phone _____

Occupation/Company _____ Position/Title _____

Business Address _____

Mother's Name _____ Business Phone _____

Occupation/Company _____ Position/Title _____

Business Address _____

Marital Status Married Single Divorced Widowed

Child lives with Both parents Mother Father Other _____

Please list all siblings living in the household:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

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MEDICAL INFORMATION

Does your child have any medical conditions (chronic illnesses or allergies) that we should be aware of?

Yes No

Does your child require medication for any condition?

Yes No

If you answered **Yes** to either of these questions, please explain.

Doctor's Name _____ Phone Number _____

Is your child up to date on vaccinations?

Yes No

If no, please provide adequate waivers.

CHURCH INFORMATION

Name of Church _____ Are you a member?

Yes No

Church Address _____

Pastor's Name _____

ADDITIONAL INFORMATION

How did you hear about Atonement Lutheran Preschool? Please give names where possible.

Alumnus _____ Current Student _____ Minister _____

Advisor/Teacher _____ Advertisement _____

Website _____ Other _____

