



Preschool Application Form

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

APPLICATION DATE _____

Enrollment for children ages 3-5 years. Please complete this form and remit the \$50 non-refundable application fee to Atonement Lutheran Preschool.

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 he/she require medication for any condition?

Yes No

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

Doctor's Name _____ Phone Number _____

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 _____

