

Preschool Application Form	OFFICE USE ONLY Date received: Fee paid:
APPLICATION DATE	
Enrollment for children ages 3-5 years, Monday, Wedne complete this form and remit a \$50 non-refundable ear \$75 non-refundable application fee (after April 1) to At per month.	ly application fee (on or before April 1) or a
STUDENT INFORMATION	
Date of BirthGe	nder 🗌 Male 🔲 Female
Fees Paid Total Amount	Check Number
Person who received application	
Student's NamePre	ferred Name
Class/Teacher Assignment	
Home Address	
Home Phone Far	nily Email
GUARDIAN INFORMATION	
Father's NameBus	siness Phone
Occupation/CompanyPos	sition/Title
Business Address	
Mother's NameBus	
Occupation/CompanyPos	sition/Title
Business Address	
Marital Status Married Single	Divorced
Child lives with \Box Both parents \Box Mother \Box F	ather Other
Please list all siblings living in the household:	
NameDa	e of Birth

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Preschool Application Form

MEDICAL INFORMATIO	N			
Does your child have ar	ny medical conditions	(chronic illnesses or allergi	es)	
that we should be aware of?		Yes	☐ No	
Does your child require medication for any condition?		☐ Yes	☐ No	
f you answered <i>Yes</i> to	either of these questi	ons, please explain.		
Doctor's Name		Phone Number		
s your child up to date	on vaccinations?		Yes	□ No
lf no, please provide ad	equate waivers.			
CHURCH INFORMATIO	N		_	
Name of Church		Are you a member?	☐ Yes	□ No
Church Address				
Pastor's Name				
ADDITIONAL INFORMA	TION			
How did you hear abou	t Atonement Luthera	n Preschool? Please give na	ames where possible.	
Alumnus	Current Stud	dent	Minister	
	Advarticama	ent		
	Auvertiseine			

