



School Year: 2021/2022
2-Year Old Program Registration Form

Registration Fee: \$100.00

Date: _____

I understand that this fee is non-refundable: _____

Parent's Signature

Child's Name _____

Last

First

Middle

Address: _____

Street

Town

Zip

Gender: _____ Date of Birth: _____ Home Phone #: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Siblings (Name and Age): _____

Church Affiliation: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Emergency Contacts: (if parents cannot be reached)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Please select program time preferred: (A \$20.00 administrative fee will be applied for a program change.)

A.M. _____ 9:15 am to 11:15 am

P.M. _____ 12:45 pm to 2:45 pm

Please turn over →

Educational Information

Has your child had previous experience? Yes / No

If yes, where? _____

How did you hear about our school? _____

Give us a brief explanation for sending your child to our school: _____

Were you referred to the school? YES / NO

If yes, provide name _____

NAME RELEASE

I give permission for my child's name, parent(s) name(s), address and phone number to appear on a class list - which will be distributed to the parents of children in the class.

Parent's Signature Date: _____

PHOTO PUBLICITY RELEASE:

I grant permission for any photographs involving my child while a student at Grace Lutheran Pre-school to be used in connection with publicity for the school.

Parent's Signature _____ Date: _____