APPLICATION FORM 2019-20

THE CHRISTIAN PRESCHOOL - FOUR-YEAR-OLD PROGRAM

First Lutheran School
1015 E. 14th St.
Glencoe, MN 55336

PLEASE PRINT OR TYPE ALL INFORMATION:

Child's full name: _____ Boy _____ Girl _____

_____ Morning Preschool _____ All Day Preschool

Birthdate: _____ Place of Birth: _____

Home Address: _____ _____ _____
Street City Zip

E-Mail Address: _____

Phone: _____

Father's name: _____ **Work Phone: _____**

Mother's name: _____ **Work Phone**: _____

Names & ages of brothers and sisters: _____

_____

RELIGIOUS INFORMATION

Church Affiliation: First Lutheran _____ Other _____ Name (if other)_____

Is your child baptized? Y N Attends Sunday School or Primary Bible Time? Y N

OTHER INFORMATION

Does your child have neighborhood playmates? Few Average Many

Social Behavior: Shy Friendly Cautious Outgoing

Unusual homelife circumstance: (illness, separation, etc.) _____

_____

THE CHILD CARE IMMUNIZATION RECORD ON THE BACK MUST BE COMPLETED BEFORE ACCEPTANCE!

_____ **TUITION ASSISTANCE REQUEST**: check if you are requesting financial assistance on your fee.
(ALL APPLICATIONS ARE KEPT STRICTLY CONFIDENTIAL)

OFFICE USE ONLY Date Received _____ Action: _____ # _____