

St. Paul Lutheran Preschool

Application For Admission Registration fee **MUST** accompany this form to insure your child's place in the school.

Student's Name	Gender	Date of Birth (Month/Day/Year)
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Applying For School Year 2009-2010	Preschool session request. All sessions 8:20-11:20 a.m. <input type="checkbox"/> 2-day T/Th <input type="checkbox"/> 3-day M/W/F <input type="checkbox"/> 5-day M-F
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Parent Information

Father's Name	Mother's Name	Residence Telephone
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Residence Address	City, State, Zip	E-Mail Address
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Father's Occupation	Employed By	Work Telephone #	Cell Phone #
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Business Address	City, State, Zip
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Mother's Occupation	Employed By	Work Telephone #	Cell Phone #
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Business Address	City, State, Zip
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If parents are divorced or separated please list name/address to whom communication should be sent:	With whom does the child reside?
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If you wish correspondence be sent to an address other than above, please indicate here	Street Address	City, State, Zip
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Church Information

Are you a member of a Christian church? <input type="checkbox"/> yes <input type="checkbox"/> No	Name of Church:	is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Preschool Information

Age requirement for preschool: Your child must be 3 years old before September 30th	Is your child currently on a waiting list for another preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about us ?	

Upon receipt of this application form and your registration fee of \$90, we will place your child's name on our enrollment list. At that, we will send you a packet containing additional enrollment materials that will be necessary to complete your child's application.
 Make checks payable to : St. Paul Lutheran Preschool

Send To: St. Paul Lutheran Preschool
 7960 State Route 38
 Milford Center, OH 43045

I understand that my child must be fully self-sufficient with their restroom needs (no pull-ups) by the start of school year. I enclose the registration fee of \$90.00.

By signing this document, I acknowledge my responsibility to work or find someone to work in three spots at the OSU Concessions during the school year. This is part of my enrollment fee.

Signature of Parent or Guardian: _____

Date: _____