

**ST. PAUL'S EVANGELICAL LUTHERAN CHURCH
CHRISTIAN CHILDHOOD CENTER**

**Registration Form
(Please Print)**

Child is enrolled in the

Preschool: MWF A _____ B _____ TTh A _____ B _____ Pre-K _____

Extended Day: A _____ B _____ Toddler _____

Child's Name _____ Today's Date _____

Name Child goes by _____

Child's Date of Birth _____ Sex: Male or Female

Child's Address _____

Child's Home Phone Number _____

EMERGENCY CONTACT PERSON _____

Relationship to child

EMERGENCY CONTACT PERSON'S TELEPHONE # _____

Father's Name _____ Phone # _____

Father's Address _____

Father's occupation and place of employment _____

Work Phone # _____

Father's cell phone # _____

Mother's Name _____

Mother's Address _____

Mother's occupation and place of employment _____

Work Phone # _____

Mother's cell phone # _____

Please complete the reverse side of this form

Brothers and/or sisters (please indicate age and whether they live with the child)

Your e-mail address _____

How did you hear about our program? _____

Church affiliation (if any) _____

Is your child baptized? _____ If yes, name of the church and date of baptism

Does your child attend church? _____ Sunday School? _____

If yes, where? _____

CHILD'S PERSONAL HISTORY

Is your child right or left handed? _____

Has your child had a previous group or preschool experience? _____

If yes, where and when? _____

Does your child have any allergies or disabilities? _____

Are there any medical problems or problems which we should be aware? _____

What words does your child use for toileting? _____

What forms of discipline is used at home? _____

What is your child's concept of God? _____

Does your child speak any other language than English? _____ If so, what?
