

ST. PAUL'S LUTHERAN PRESCHOOL INFORMATION FORM
605 S. Center St., Bremen, IN 46506

Beginner _____ PreKindergarten _____ Date _____
(must be 3 by 8-1, recommend T-Th) (must be 4 by 8-1, recommend M-W-F)

Registration Fee for all students before the beginning of each school year: \$65

Plan to Attend: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Name of child _____ Name child is to be called _____
last first middle

street address _____

city _____ state _____ zip code _____

Home phone _____ cell _____ Male _____ Female _____

Date of birth _____

Is your child baptized? _____ Dedicated? _____

Family's church name & address _____

-----FATHER-----		-----MOTHER-----	
Name: _____	Address: _____	Name: _____	Address: _____
Employer: _____	Work #: _____	Employer: _____	Work #: _____

-----BROTHERS-----		-----SISTERS-----	
Name: _____	Date of birth _____	Name: _____	Date of birth _____
_____	_____	_____	_____
_____	_____	_____	_____

Person with whom child resides: () Father () Mother () Both Other: _____

Name and address of person responsible for all payments & charges _____

Any information about the child that may be of value to the teacher _____

OVER