

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