



St. Peter's Lutheran

Preschool & Elementary School Registration Form

Date _____

\$100 Registration Fee (\$50 if before June) ____ (check number/cash)

Student Information

1st Child's Name _____

First Middle Last

DOB _____ **Age** _____ **Grade** _____ **Ethnic Group:** _____

Gender: Female (), Male () **Baptized:** Yes (), No () **Immunized:** current (), behind (), waiver ()

Health Problems _____

Concerns _____

2nd Child's Name _____

First Middle Last

DOB _____ **Age** _____ **Grade** _____ **Ethnic Group:** _____

Gender: Female (), Male () **Baptized:** Yes (), No () **Immunized:** current (), behind (), waiver ()

Health Problems _____

Concerns _____

3rd Child's Name _____

First Middle Last

DOB _____ **Age** _____ **Grade** _____ **Ethnic Group:** _____

Gender: Female (), Male () **Baptized:** Yes (), No () **Immunized:** current (), behind (), waiver ()

Health Problems _____

Concerns _____

4th Child's Name _____

First Middle Last

DOB _____ **Age** _____ **Grade** _____ **Ethnic Group:** _____

Gender: Female (), Male () **Baptized:** Yes (), No () **Immunized:** current (), behind (), waiver ()

Health Problems _____

Concerns _____

(OVER)

Family Information

Primary Language at Home: _____; **Secondary Language:** _____

School District: Sturgeon Bay (), Southern Door (), Sevastopol (), other () **Bus service:** Yes (), No ()

Children not enrolled at St. Peter's LES: Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Primary Guardians

Mother's Name _____ Father's Name _____

Street _____

City _____ Zip Code _____ Home Phone _____

Cell Phones (Mom) _____ (Dad) _____

E-mail (Mom) _____ (Dad) _____

Church Membership _____ Denomination _____

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

(NOTE: If parents are divorced, list the primary guardian information above and other guardian information below.)

Other Guardians

Name _____ Relationship to Child _____

Street _____

City _____ Zip Code _____ Home Phone _____

Cell Phones _____ E-mail _____

Church Membership _____ Denomination _____

Employer _____ Phone _____

Custody Arrangements: _____

Emergency Contacts (other than parents)

1st Contact Name _____ Phone _____

Relationship to family _____

2nd Contact Name _____ Phone _____

Relationship to family _____

1^{3rd} Contact Name _____ Phone _____

Relationship to family _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____