



# St. Peter's Lutheran

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## *Preschool & Elementary School Registration Form*

Date \_\_\_\_\_

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

### **Student Information**

(include grade for 2023-24 school year)

**1<sup>st</sup> Child's Name** \_\_\_\_\_  
First Middle Last

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Ethnic Group:** \_\_\_\_\_

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

Health Problems \_\_\_\_\_

Academic or Other Concerns \_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_  
First Middle Last

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Ethnic Group:** \_\_\_\_\_

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

Health Problems \_\_\_\_\_

Academic or Other Concerns \_\_\_\_\_

**3<sup>rd</sup> Child's Name** \_\_\_\_\_  
First Middle Last

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Ethnic Group:** \_\_\_\_\_

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

Health Problems \_\_\_\_\_

Academic or Other Concerns \_\_\_\_\_

**4<sup>th</sup> Child's Name** \_\_\_\_\_  
First Middle Last

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Ethnic Group:** \_\_\_\_\_

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

Health Problems \_\_\_\_\_

Academic or Other 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) \_\_\_\_\_

Name of Home Church \_\_\_\_\_ 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 \_\_\_\_\_

Name of Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**Custody Arrangements:** \_\_\_\_\_

### Emergency Contacts (other than parents)

1<sup>st</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to family \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to family \_\_\_\_\_

3<sup>rd</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to family \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_