



St. Peter's Lutheran

Preschool & Elementary School Registration Form

Family Name _____ Date _____

\$100 Registration Fee _____ (check number/cash)

Student Information

(include grade for 2024-25 school year)

1st Child's Name _____

First Middle Last

DOB _____ Age _____ Grade _____ Ethnic Group: _____

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

2nd Child's Name _____

First Middle Last

DOB _____ Age _____ Grade _____ Ethnic Group: _____

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

3rd Child's Name _____

First Middle Last

DOB _____ Age _____ Grade _____ Ethnic Group: _____

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

4th Child's Name _____

First Middle Last

DOB _____ Age _____ Grade _____ Ethnic Group: _____

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

Health or Academic Concerns: Please include any health or behavioral issues your child may be dealing with or any academic struggles they may have so we can better meet their needs.

Family Information

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

School District: Sturgeon Bay () Southern Door () Sevastopol () other ()

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)

1st Contact Name _____ Phone _____

Relationship to family _____

2nd Contact Name _____ Phone _____

Relationship to family _____

3rd Contact Name _____ Phone _____

Relationship to family _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____