

GLORIA DEI LUTHERAN PRESCHOOL REGISTRATION FORM

Child's first name _____

Name child goes by _____

Date of birth _____ Sex _____

Child's home address _____

Child's home phone number _____

PARENT OR GUARDIAN INFORMATION

Father's name _____ Phone _____

Father's address _____

Father's occupation and place of employment _____
_____ Phone _____

Mother's name _____ Phone _____

Mother's address _____

Mother's occupation and place of employment _____
_____ Phone _____

FAMILY INFORMATION

Brother's and/or sisters (Please indicate ages and whether they live with
child) _____

Please list any other persons living with the child and their relationship (if any) to the
child _____

Church in which you are an active member _____

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PICK-UP

Persons authorized to pick-up child_____

Persons who MAY NOT pick-up child_____

PERSONAL HISTORY

Is your child right or left handed?_____

Has your child had a previous group or preschool experience?_____

If so, where and when?_____

Does your child have any allergies?_____

Are there any medical problems of which we should be aware?_____

Is your child toilet trained?_____

Does your child have any bowel or bladder irregularities?_____

Is there any special food or eating instructions?_____

Any additional information such as discipline, child's communication, comforting, and so on?_____