

Office use:

3 Yr. 4 Yr.

AM PM

Registration Pd. \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

Immunization Record Received \_\_\_\_\_

# Emanuel Lutheran Preschool Enrollment Form

(Circle one)

3 year-old class

4 year-old class

## FAMILY INFORMATION (All information is confidential)

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last) (First) (Middle Initial)

Nickname \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Employer \_\_\_\_\_

Father's address \_\_\_\_\_ Work phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's name (include maiden) \_\_\_\_\_ (\_\_\_\_\_) Employer \_\_\_\_\_

Mother's address \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

**ENROLLMENT INFORMATION:** I/we prefer the AM or PM session. (Please circle)

May this time slot be switched, if needed? If no, please state reason. \_\_\_\_\_

My child is: \_\_\_\_\_ right-handed \_\_\_\_\_ left-handed

**HOME ENVIRONMENT:** Child lives in: \_\_\_\_\_ Two-Parent Home \_\_\_\_\_ One-Parent Home

(If in a one-parent home) Child lives with \_\_\_\_\_ Father \_\_\_\_\_ Mother

Other \_\_\_\_\_ Relationship to child \_\_\_\_\_

Brothers and sisters (please list names & birthdates) \_\_\_\_\_

**CHURCH INFORMATION:** We attend church. Yes or No Church name/city: \_\_\_\_\_

Is child baptized? Yes or No Church name/city: \_\_\_\_\_ Date \_\_\_\_\_

**DAYCARE PROVIDER** \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:** Family Physician \_\_\_\_\_  
Name Address Phone

IN CASE OF EMERGENCY, whom should we notify, other than parents? (Please give name and phone number)

1. \_\_\_\_\_ 2. \_\_\_\_\_

List any **medical conditions** we should be aware of: (allergies, developmental delays, etc.) \_\_\_\_\_

Any other information that may be helpful in working with your child (speech is difficult to understand, shyness, etc.) \_\_\_\_\_

Please return this form to: Emanuel Lutheran Church, 701 South First Street, Milbank, SD 57252 along with your \$40 NON-REFUNDABLE pre-registration fee and a copy of your child's immunization record. If you have any questions, please call 605-432-9555. Updated 1/11/18