

**Saint Martin's Lutheran Preschool
2009-2010 ENROLLMENT FORM**

For Office Use Only

SMLC Member *Current Student*
Sibling *New Student*
Employee *Alumni*

For Office Use Only

Class _____
Days/Hours _____
Start Date _____
Withdraw Date _____

CHILD INFORMATION

(Please print all information)

Name _____ Sex _____ Male _____ Female

Name called _____ Age as of September 1, 2009 _____

Child living with _____ Both _____ Father _____ Mother _____ Other _____ Birth-date _____ / _____ / _____
Month Date Year

Child's Address _____

_____ City _____ Zip _____

Home Phone _____ Primary Language _____

Church Affiliation _____

PARENT INFORMATION

	FATHER	MOTHER
First and Last Name		
Address (if different from child)		
Home Phone (if different from child)		
Employer		
Occupation		
Work Phone		
Cell Phone/Pager		
Email Address		
Drivers License Number		

Physician
Address
Phone Number

NOTE: Your child is not registered until the registration fee is paid in full.

Signature of Parent/Guardian _____ Date _____