

Date _____

St. Stephen Lutheran 3K Registration Form

*Return this form along with \$25.
Receipt of Registration Form and \$25 required to secure student's place in Preschool.*

Biographical Data:

Pupil's Name _____
Last First Middle

Adopted Yes ___ No ___

Address _____ Phone _____

City/State/Zip _____

Date of birth _____
month day year

Place of birth _____
city and state

Date of baptism _____
month day year

Sex (please circle) male female

Church where baptized _____
name city state synod

Prior Preschool attendance _____
school name city state

Reason for leaving prior Preschool _____

Is your child enrolled in a special education class or program? (please circle) Yes No
Is yes, explain _____

(please circle one)
Father
Natural Adopted Stepfather

(please circle one)
Mother
Natural Adopted Stepmother

Name: _____

Email: _____

Occupation: _____

Employer: _____

Church member at _____

Ethnic Group _____

Marital Status _____

Name: _____

Maiden Name _____

Email: _____

Occupation: _____

Employer: _____

Church member at _____

Ethnic Group _____

Marital Status _____

Siblings (name and date of birth)
