

Date _____

St. Stephen Lutheran 4K 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 _____ Place of birth _____
month day year city and state

Date of baptism _____ Sex (please circle) male female
month day year

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 _____

Will your child ride the school bus to school? (please circle) Yes No
If yes, please give the road name: _____ and fire # _____

Father
(please circle one)
Natural Adopted Stepfather

Mother
(please circle one)
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)
