

APPLICATION FORM 2020-21
THE CHRISTIAN PRESCHOOL - FOUR-YEAR-OLD PROGRAM
First Lutheran School
1015 E. 14th St.
Glencoe, MN 55336

PLEASE PRINT OR TYPE ALL INFORMATION:

Child's full name: _____ **Boy** _____ **Girl** _____
_____ **Morning Preschool** _____ **All Day Preschool**

Birthdate: _____ Place of Birth: _____

Home Address: _____
Street City Zip

E-Mail Address: _____

Phone: _____

Father's name: _____ **Work Phone:** _____

Mother's name: _____ **Work Phone:** _____

Names & ages of brothers and sisters: _____

RELIGIOUS INFORMATION

Church Affiliation: First Lutheran _____ Other _____ Name (if other)

Is your child baptized? Y N Attends Sunday School or Primary Bible Time? Y N

OTHER INFORMATION

Does your child have neighborhood playmates? Few Average Many

Social Behavior: Shy Friendly Cautious Outgoing

Unusual homelife circumstance: (illness, separation, etc.) _____

THE CHILD CARE IMMUNIZATION RECORD MUST BE COMPLETED BEFORE ACCEPTANCE!

_____ **TUITION ASSISTANCE REQUEST:** check if you are requesting financial assistance on your fee.
(ALL APPLICATIONS ARE KEPT STRICTLY CONFIDENTIAL)

OFFICE USE ONLY	Date Received _____	Action: _____	# _____