



St. James Lutheran Preschool

Student's Full Name _____

Name to be called _____ Gender _____

Birthday _____ Age _____ Yrs.

Parent's Names _____

Address _____

City _____ Zip Code _____

Home Phone _____

Mom Work # _____ Cell # _____

Dad Work # _____ Cell # _____

E-mail address _____

**Does your child have any special needs or health problems that we should be aware of?

Emergency Information:

This would be used if Mom or Dad could not be reached.

Relative or Friend _____ Phone _____

Pediatrician _____ Phone _____

First Choice (CHOOSE ONE):

- _____ 1 Year old Mon/Wed
- _____ 2 Years old Mon/Wed/Fri
- _____ 2 Years old Tues/Thurs
- _____ 3 Years old Mon/Wed/Fri
- _____ 3 Years old Tues/Thurs
- _____ 4 Years old Mon/Wed/Fri
- _____ 4 Years old Mon-Fri

Second Choice (CHOOSE ONE):

- _____ 1 Year old Mon/Wed
- _____ 2 Years old Mon/Wed/Fri
- _____ 2 Years old Tues/Thurs
- _____ 3 Years old Mon/Wed/Fri
- _____ 3 Years old Tues/Thurs
- _____ 4 Years old Mon/Wed/Fri
- _____ 4 Years old Mon-Fri

Are you a St. James Lutheran Church Member? ____yes ____no

A non-refundable registration fee of \$55.00 must accompany this form.