

Date _____

_____	Preschool 3's (TTh a.m.)	_____	5DayPreKindergarten a.m.
_____	Preschool 3's (TTh p.m.)	_____	Ready-Set-Go (TTh p.m.)
_____	PreKindergarten 4's (MWF a.m.)	_____	½Day Transition
_____	PreKindergarten 4's (MWF p.m.)	_____	Kindergarten

This completed form, accompanied by your *non-refundable* Registration Fee of \$55 for Preschool or PreKindergarten only, \$70 for PreK plus Ready-Set-Go, \$220 for Transition or \$280 for Kindergarten, is needed to reserve your child's place for Fall 2008-09. (September tuition for Kindergarten and Transition is then only \$70.) However, our placement policy is a first come, first served basis with priority given to our current families and church members.

CONCORDIA LUTHERAN SCHOOL
 13371 W. ALAMEDA PARKWAY, LAKEWOOD, COLORADO 80228
 PHONE 303-989-5260 FAX 303-988-3136

ALL INFORMATION MUST BE COMPLETED IN FULL BEFORE CHILD ATTENDS CLASSES

CHILD'S FULL NAME: _____ NICKNAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ OR _____

BIRTHDATE: _____

PARENT OR LEGAL GUARDIAN: _____

ADDRESS: _____ CITY _____ ZIP _____
 (ONLY IF DIFFERENT FROM CHILD'S)

OTHER PARENT'S NAME (In divorce, etc situations) _____ PHONE _____

(ONLY IF DIFFERENT FROM CHILD'S)

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

Employer: _____ Employer: _____

Employer's Address: _____ Employer's Address: _____

Employer's City/Zip: _____ Employer's City/Zip: _____

Employer's Phone: _____ Employer's Phone: _____

Child lives with: (CHECK ALL THAT APPLY)

___ BOTH PARENTS ___ MOTHER ___ FATHER ___ STEPMOTHER ___ STEPFATHER

___ OTHER (EXPLAIN) _____

Siblings at home---Please list name and date of birth:

Religious Preference: _____ Church Membership: _____

Is Child Baptized: YES NO Date of Baptism: _____

In case of an emergency, and **you cannot be reached**, please list an emergency contact person:

NAME _____ PHONE _____ or _____

ADDRESS _____ CITY _____ ZIP _____

Please list information regarding OTHER persons you authorize to take your child from school:

NAME _____ NAME _____

PHONE _____ or _____ PHONE _____ or _____

PLEASE give **specific** instructions as to how to contact you during school hours:

1. _____
2. _____
3. _____
4. _____

PLEASE list any **allergies** your child has and specific emergency exposure instructions to follow:

Does your child require a special diet? **Yes** or **No** Please explain: _____

Does your child have any chronic medial problems or special needs? **Yes** or **No** Please explain:

Hospital of choice: *(Must list a specific preference with complete address and telephone number.)*

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Child's Physician:

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Child's Dentist: *(Human Services requires children to be seen by a dentist at age three.)*

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Is your child right or left handed?

PLEASE tell us a little about your child:

FOR OFFICE USE ONLY: Date of Enrollment _____ Class _____

Complete Reg. Form Received: _____ Reg. Fee Received: Amt. \$ _____ Check# _____ Date _____

Records Received: Birth Certificate(Kind. Only) _____ Health _____ Emergency _____ Photo _____
Immunizations _____