

Salem Lutheran Preschool
14940 62nd Street North
Stillwater MN 55082
Registration

Date: _____

It is my intent to register my child for the **2010 - 2011** school year. _____\$50.00 Nonrefundable Deposit

Registration for: 4/5 yrs. old before Sept. 1 _____ M -W - F (9:00-11:30 AM session)

3/4/5 yrs. old before Sept. 1 _____ M- W- F (12:30-3:00 PM session)

3 yrs. old before Sept. 1 _____ T – Thurs. (9:00-11:30 AM session)

Student's Name _____ Birthdate: _____ Age: _____

Father's Name: _____ Mother's Name: _____

Address: _____
street city zip

Phone number: _____ Work number: _____ Cell number: _____

Siblings:	Name	Birthdate	Relationship
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Church Information:

Is **Salem Evangelical Lutheran Church, Stillwater**, your church home? Yes/No

Do you attend another **Wisconsin Evangelical Lutheran** church? Yes / No

What is the name/location of the church you attend? _____ / _____

Are you looking for a church home? Yes / No

Is your child baptized? Yes / No

Health Information:

Does your child have allergies? _____

If yes, what kind? _____

Any other health problems or concerns? _____

Other information you feel would be helpful:

Sleep habits (naps, bedtime, etc.): _____

Is your child able to use the bathroom independently? _____

With what age children does your child play? _____
older younger same all ages

Is your child willing to start new activities? _____ Meet new people? _____

What is your child's favorite activity/pastime? _____

How would you describe your child? _____

Could you be an occasional volunteer? _____ Classroom _____ Field Trip Driver

Would you please tell us how you heard about us? _____