



CHRIST THE LORD

Evangelical Lutheran Church

Lutheran Elementary School
Steven Vasold – Principal/Director
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 www.Christ-the-Lord.org

PRESCHOOL APPLICATION

***Child's Name:** _____ **Birth date:** _____
 (First) (Middle) (Last) **Sex:** Male Female

***Child's Address:** _____
 (Street) (Apt. #)

_____ **Phone:** _____
 (City) (State) (Zip)

***Mother/Guardian's Name:** _____ **Social Security#:** _____

***Father/Guardian's Name:** _____ **Social Security#:** _____

Mother's Home Address (if different than Child's):

 (Street) (City) (State) (Zip) (Phone)

***Mother's Place of Employment:** _____

***Work Phone:** _____ ***Cell Phone:** _____

Father's Home Address (if different than Child's):

 (Street) (City) (State) (Zip) (Phone)

***Father's Place of Employment:** _____

***Work Phone:** _____ ***Cell Phone:** _____

Siblings' names, ages, and schools (if different): _____

***Home Church:** _____

Has your child been baptized? Yes or No Where? _____

***EXPLAIN IF YOUR CHILD HAS ANY SPECIAL NEEDS OR HEALTH PROBLEMS:**

***Child's Physician:** _____

(Street) (City) (State) (Zip) (Phone)

May the preschool contact another physician if unable to contact the above? Yes or No

***Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to take the child from the facility:**

1. _____
(Name) (Address) (Phone) (Relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

***Other persons authorized by parents or guardians to take the child from the facility (if different from above). If none, write "none."**

1. _____
(Name) (Address) (Phone) (Relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

If anyone is *not* authorized to take your child from the facility, please speak with the director.

***Please indicate how many days a week your child plans on attending our preschool:**

_____ 2 Days _____ 3 Days _____ 5 Days

_____ Mornings (8:30-12:00) _____ All Day (8:30-3:30)

Does your child have any prior experience with preschool or child care? Yes or No

Please explain: _____

***By signing below, you affirm that all the information is correct and that you will update any changes during the course of the year.**

***Signature of parent or guardian** _____ **Date** _____

Child's Starting Date _____