

Registration Form
Pilgrim Lutheran School

Form #43

School Year _____

*****Student Enrollee Information*****

Name of Child _____
Address _____
City & Zip Code _____
Home Phone _____ Parent Cell Phone _____

Father _____ Mother _____

Parent Email address _____

Date of Birth _____ Ethnic race _____
Place of Birth _____ Adopted Yes No
Date of Baptism _____ Denomination _____
Church _____ City/State _____
Birth Certificate _____ Baptismal Certificate _____

Date of Enrollment _____ Grade Enrolling In _____
Transfer From _____

*****For Kindergarten Only***** (Select option)

Full-Day _____ Half-Day _____

*****For 4K Only***** (Please circle choice of class session; availability will be based on enrollment numbers)

Option 1-Monday-Thursday 8:15-11:15 a.m.
1st choice or 2nd choice

Option 2-Monday-Thursday 12:00-3:00 p.m.
1st choice or 2nd choice

Daycare (Includes 4K Program and Daycare for up to 10 hours a day/5 days a week)

List days/times needed for DAYCARE: _____

If interested in BEFORE/AFTER CARE, list days here _____

*****Parent Information*****

Father _____ Mother _____ Maiden Name _____

~If address is different from above please note below~

Father Address _____ Mother Address _____

Native Country _____ Living Yes No _____ Native Country _____ Living Yes No _____

Marital Status _____ Marital Status _____

If divorced, who has custody? _____

Legal Guidelines _____

Father's Employer _____ Mother's Employer _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

*****Sibling Information*****

Brothers/Sisters _____ Date of Birth _____ Grade (For school year listed above) _____

_____ _____ _____

_____ _____ _____

*****Church Membership Information*****

Father _____ Mother _____

Name of Church _____ Name of Church _____

Denomination _____ Denomination _____

Parent's signature _____ Date _____