



St. Paul Lutheran School

Registration/Emergency Information

240 E Green Bay Street • Bonduel WI 54107 • 715-758-8532

<http://www.stpaulbonduel.com/>

Preschool & 4K Registration

Choose One:

- 3 Year Old AM
- 3 Year Old PM
- 3 Year Old All Day
- 4K

Today's Date: _____

Print Student's Legal Name: _____
Last
First
Middle
Nickname

Gender (*circle one*): Male / Female Date of Birth (*mm/dd/yyyy*): ____/____/____ Age (*Years*): _____

Date of Baptism (*mm/dd/yyyy*): ____/____/____ Name of Church: _____

School district residing in: _____ Religion: _____
Church Name
City

RACE: White Indian/Alaskan Native Asian Black/African American Hispanic Two or More Races Native Hawaiian/Pacific Islander

Food Allergies: _____

Medical Allergies & Conditions: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

My Child is: Right Handed Left Handed Shows no preference

Has your child previously attended: Sunday School Yes No

Stayed overnight away from home: Yes No Without Parents Yes No

Daycare Yes No If yes, Name of daycare: _____

Preschool Yes No If yes, Name of preschool: _____

Had a babysitter Yes No Other than a relative Yes No

Name(s) of parent(s) or Guardian(s) student is living with:

1. Last: _____ First: _____

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) _____

Occupation: _____ Work Phone: (____) _____

Employer: _____ City, State _____

Parent/Guardian E-mail: _____

Cell Phone: (____) _____ Service Provider (ex: AT&T, Cellcom, Sprint, etc): _____

I authorize St. Paul Lutheran School to send text messages using FastDirect. Yes (must list service provider) No

Church Affiliation _____ Location _____

2. Last: _____ First: _____

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) _____

Occupation: _____ Work Phone: (____) _____

Employer: _____ City, State _____

Parent/Guardian E-mail: _____

Cell Phone: (____) _____ Service Provider (ex: AT&T, Cellcom, Sprint, etc): _____

I authorize St. Paul Lutheran School to send text messages using FastDirect. Yes (must list service provider) No

Church Affiliation _____ Location _____

Legal custody belongs to: Both Mother Father

Parent(s)/Guardian Divorced – Name of Parent Child is **NOT** living with: (Release information: Yes No)

Last: _____ First: _____

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) _____

Residence Address: _____ Mailing Address: _____

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

Parent/Guardian E-mail: _____

Alternate Contact(s)

1. Last: _____ First: _____

Relationship to child: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Hm Phone: (____) _____ Wk Phone: (____) _____ Cell Phone: (____) _____

2. Last: _____ First: _____

Relationship to child: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Hm Phone: (____) _____ Wk Phone: (____) _____ Cell Phone: (____) _____

Medical Information

Doctor's Name *Clinic/Hospital* *Phone Number*

Insurance

Dentist Name *Phone Number*

Child's siblings in order from oldest to youngest:

<u>Name</u>	<u>Date of Birth</u>	<u>Grade in School</u>	<u>School Attending</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any additional comments concerning child:

Medical Concerns:

