

Date _____

_____ TTh a.m. _____ 5-Day a.m. M T W TH F
 _____ Summer _____ Full Day Preschool – Days M T W Th F
 _____ MWF a.m. _____ ½Day Transition 11:30am
 _____ MWF p.m.
 _____ Kindergarten 2:00

This completed form, accompanied by your *non-refundable* Registration Fee of \$95 for Preschool, \$330 for Kindergarten, is needed to reserve your child's place for Fall 2017-18 (September tuition for Kindergarten is then only \$95.) 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: home: _____ cell(mom) _____ (dad) _____
 BIRTHDATE: _____

PARENT OR LEGALGUARDIAN: _____

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

E-MAIL: _____

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 hm. _____ cell _____ PHONE hm. _____ cell _____

PLEASE give **specific** instructions (name & number) 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 medical 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:

How did you hear about our school?

FOR OFFICE USE ONLY: Date of Enrollment _____ Class _____

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

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