



Describe any previous activities (i.e. day care, parent/tot program, etc.) your child has been involved in and how he/she responded to these activities.

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Does your child have any allergies or health issues?

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Are there any issues or concerns about your child or family that would be helpful for us to know?

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Are you a member of First English Evangelical Lutheran Church? \_\_\_\_\_

How did you learn of First English Lutheran Preschool? \_\_\_\_\_

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Parent signature \_\_\_\_\_ Date \_\_\_\_\_

***Please include a non-refundable \$50 registration fee when submitting this registration form.***

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For office use:  
Date received: \_\_\_\_\_ Type of pymt: cash check Date follow-up forms sent: \_\_\_\_\_