

First English Christian Preschool Registration Form (2026-27)

Child's Name _____ Birthdate ____/____/____
Last First Middle Name Birth City/State

Nickname (if you prefer) _____ check if you prefer this name used in classroom

Address _____ Phone _____
Street City Zip

Gender _____ Ethnic Origin: _____ American Indian/Alaskan Native _____ Asian _____ Black/African American
_____ Hispanic/Latino _____ Native Hawaiian/Other Pacific Islander _____ White _____ Other

Baptized: Yes _____ No _____ Date Baptized: _____

I desire to have my child baptized: Yes _____ No _____

Church of which child is a member _____
Name City

Father/Guardian's Name _____ Church _____

Address _____ Home Phone _____

E-mail address _____ Cell Phone _____

Place of employment _____ Work Phone _____

Occupation _____ Work Hours _____

Mother/Guardian's Name _____ Church _____

Address _____ Home Phone _____

E-mail address _____ Cell Phone _____

Place of employment _____ Work Phone _____

Occupation _____ Work Hours _____

Marital Status: _____ Married _____ Single _____ Widowed _____ Divorced _____ Separated

If divorced or separated, who is custodial parent? _____

Brothers/Sisters: _____ Age _____

Name Birth Month/Year

_____ Age _____

Name Birth Month/Year

_____ Age _____

Name Birth Month/Year

_____ Age _____

Name Birth Month/Year

Childcare Provider's Name _____

Address _____ Phone _____

How did you hear about our preschool? _____

_____ I would like a call from the pastor _____ I want more info about the Lutheran Church (LCMS)

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

CLASS: 3-year-old: M/W AM T/TH AM PM 4-year-old: M-F (half-day) M-F (full-day)

CHECK # _____ AMOUNT _____ DATE _____ INITIAL _____