



"To know Christ and to make his love known in our homes, communities, nation and world"  
110 Division Street, Thiensville, WI 53092 262.242.3870 [www.ChristAloneWELS.org](http://www.ChristAloneWELS.org)

### 2017-2018 3K Registration Form

Student must be three (3) years old by September 1, 2017

Child's Name \_\_\_\_\_  
(first) (middle) (last) (nickname)

Application Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child's Address:

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip code) Home Phone ( ) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Family Status: Married Separated Divorced Single Widowed

Child lives with \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip code) Email \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Extension # \_\_\_\_\_

Father's Home Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip code) Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Extension # \_\_\_\_\_

Name(s) and Age(s) of Sibling(s) \_\_\_\_\_  
\_\_\_\_\_

Home Church \_\_\_\_\_

Has your child been baptized? \_\_\_\_yes \_\_\_\_no Where \_\_\_\_\_ Date \_\_\_\_\_

Explain if your child has any special needs, health problems or allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip code)

May the preschool contact another physician if unable to contact the above? \_\_\_\_\_

Person permitted to pick up child:

Mother: \_\_\_\_yes \_\_\_\_no Legal custody: \_\_\_\_yes \_\_\_\_no  
Father: \_\_\_\_yes \_\_\_\_no Legal custody: \_\_\_\_yes \_\_\_\_no  
Other: \_\_\_\_\_ Relationship \_\_\_\_\_

Persons to be contacted in case of illness, accident, or emergency, if for some reason the parents or guardians cannot be reached and authorized to remove the child from the facility:

(name)	(address)	(phone)	(relationship)
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any prior experience with preschool or child care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Helpful information about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the Christ Alone Lutheran School's 3K & 4K Policies and Procedures and agree to abide by the policies and procedures as stated.

\_\_\_\_\_  
(signature of parent or legal guardian) (date) (name of child)

TUITION \$130.00 PER MONTH PER CHILD

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*For office use only:*

NON REFUNDABLE \$35.00 REGISTRATION FEE

DATE PAID \_\_\_\_\_ CHECK# \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_