



"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

2018-2019

4K Registration Form

Student must be four (4) years old by September 1, 2018

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)

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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: \$170.00 PER MONTH PER CHILD

For office use only:

NON REFUNDABLE \$50.00 REGISTRATION FEE

DATE PAID _____ CHECK# _____ RECEIVED BY _____

ENROLLMENT DATE _____