St Paul's Lutheran Preschool/Daycare

Christian Early Childhood Education and Care

Enrollment Choices ___ SCHOOL YEAR SESSION ___SUMMER SESSION	
___ Monday – Wednesday 1/2 Day	__ Wednesday – Friday Whole day
___ Monday – Wednesday Whole Day	__ Tuesday – Friday 1/2 Day
___ Monday – Thursday 1/2 Day	__ Tuesday – Friday Whole day
___ Monday – Thursday Whole Day	__ Monday – Friday 1/2 Day
___ Tuesday – Thursday 1/2 Day	__ Monday – Friday Whole day
___ Tuesday – Thursday Whole day	__ After Kindergarten Daycare
___ Wednesday – Friday 1/2 Day	__ Ages 6-12 Whole Day (Summer)

Student Information

Child's Name: _____ Birthdate: ___/___/___

First Middle Last

Home Address:_____/_____/_____/_____

Street City state Zip

Home Phone: _____ Was your child baptized? ____yes _____no

Home Church:_____

Church Name Are you a member? Pastor

Is your child potty trained? (required to enroll) ____yes ____no

Parent Information

- Last name: _____ First Name: _____

Address: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

- Last name: _____ First Name: _____

Address: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

If you are not a member of St. Paul's Lutheran, would you be interested in attending a series of classes on the doctrines and teachings of the Wisconsin Evangelical Lutheran Synod? (Attending these classes is not required, nor does it obligate you to become a member). ___YES ___NO

For Office Use Only Recorder's Initials_____

Fee Paid: ___$25 Half Days ___Check Check #_____

___ $75 Whole Days ___Cash Date: _____