



ST. PETER'S LUTHERAN CHURCH & SCHOOL

7710 E State Blvd • Fort Wayne, IN 46815
260.748.0775 • preschool@stpetersfw.org
www.StPetersFW.org

ADMISSION APPLICATION

2019/2020

CONNECT • GROW • SHARE

To apply for admission into preschool, the following information is required along with a copy of birth certificate.

APPLICANT INFORMATION

Application Date _____ Interested in 2's 3's 4's 5's LEAP PEEP

Applicant Name _____
First Middle Last

Preferred Name _____ Primary Language Spoken at Home _____
(If different than First Name)

Gender Male Female Date of Birth _____ Place of Birth _____
(City, State)

Applicant Primary Custodial Address _____

City, State & Zip Code _____

Applicant Primary Phone _____ Applicant Secondary Phone _____
 Home Cell Home Cell

Applicant Ethnicity
 African American/Black American Indian/Alaskan Native Asian Hispanic Ethnicity and of any race
 Multiracial (two or more races) Native Hawaiian or Other Pacific Islander White

Applicant Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

Baptism Date _____ Church Where Baptized _____
Church Name City & State

PREVIOUS SCHOOL ENROLLMENT

Preschool _____
School Name City & State

From Date _____ To Date _____ Grade Completed _____

Public School District in which you reside FWCS EACS NACS SACS

ABOUT THE APPLICANT

Toilet Trained Yes No

Please list any fears, allergies, health issues, or physical challenges to help us plan for your child's school experience

Office Use Only

Application Received _____ Enrollment Fee Received _____ Registration Received _____
 Birth Certificate Received _____ Registration Fee Received _____

HOUSEHOLD INFORMATION

Student resides in 1 Household 2 Households (Shared Custody) Other _____

With (check all that apply) Father Mother Step-Father Step-Mother Other _____

Please list all siblings

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

FAMILY INFORMATION FOR PRIMARY CUSTODIAL HOUSEHOLD

First Parent/Guardian Name _____
Salutation First Last

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Secondary Phone _____
 Home Cell Work Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

Second Parent/Guardian Name _____
Salutation First Last

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Secondary Phone _____
 Home Cell Work Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

FAMILY INFORMATION FOR SECOND HOUSEHOLD

Second Household Address _____
City, State & Zip Code _____

First Parent/Guardian Name _____
Salutation _____ First _____ Last _____

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Home Cell Work Secondary Phone _____ Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name _____ City & State _____

Second Parent/Guardian Name _____
Salutation _____ First _____ Last _____

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Home Cell Work Secondary Phone _____ Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name _____ City & State _____

I agree to accept all the regulations of St. Peter's Lutheran Preschool on behalf of my child. I understand the registration schedule. I have submitted with this application a copy of my child's birth certificate and my Enrollment Fee of \$75. I understand that this fee will be reimbursed if St. Peter's is unable to accept my child, but it will not be refunded if, after my child is accepted, I choose not to send my child to St. Peter's.

Parent/Guardian Signature

Date
