
St. Peter's Lutheran School

7710 E. State Blvd. ♦ Fort Wayne, IN 46815 ♦ Phone: (260) 748-0775 ♦ www.stpetersfw.org

PRESCHOOL REGISTRATION FORM 2018-2019

DATE _____

Student's Personal Information	Race: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____	_____	
Address	City/State	Zip	Home Phone
_____	_____	_____	_____
Date of Birth _____	City & State of Birth _____		
Baptism Date _____	Baptizing Congregation _____		
<input type="checkbox"/> St. Peter's Member	<input type="checkbox"/> Non-members	<input type="checkbox"/> Seminary Family	<input type="checkbox"/> Interested in Membership

Enrolling in (please circle):

2 year old "Play Date" 3 year old T/Th a.m. 3 year old M/W a.m. 3 year old T/W/Th p.m.

4 year old T/W/Th a.m. 4 year old T/W/Th p.m. 5 year old "PreK" M/T/W/Th p.m.

5 year old LEAP Program M/T/W/Th **Additional \$75 Registration Fee

FAMILY INFORMATION	Mother	Father
First and Last Name (print please)		
Home Address		
City, State, Zip		
Cell Phone Number		
Email Address		
Occupation		
Employer		
Church Membership		

Student resides with: both parents shared custody mother father guardian

Please continue on back side of form.

Is your child toilet trained? _____ Yes _____ No

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

How did you hear about us?

Brothers & Sisters

<u>Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT

I agree to accept all the regulations of St. Peter's Lutheran School on behalf of my child. I have submitted with this application my Registration Fee of \$75.00 (\$150 LEAP). 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.

_____ Signature _____ Date

OFFICE USE:

\$75 Registration Fee Check # _____ Cash _____
\$150 Registration Fee for LEAP

- **Registration fee is non-refundable**