



St. Paul's Lutheran Church
Early Childhood Center
Child Information/Registration Form

Child's full name _____

Name child goes by _____

Date of birth _____ Sex _____

Child's home Address _____

Child's home phone number _____

Father's name _____ Phone _____

Father's Address _____

Father's Occupation and place of employment _____

_____ Phone _____

Mother's name _____ Phone _____

Mother's Address _____

Mother's Occupation and place of employment _____

_____ Phone _____

Siblings (please indicate names and ages and whether they live with the child) _____

Please list any other persons living with the child and their relationship (if any) to the child _____

Church Affiliation_____

Child's baptismal Date_____

Previous preschool experiences_____

Does your child have any allergies? _____

Do you have any family pets? _____

What does your child like to play with at home? _____

Are there any medical problems we should be aware of?

What languages are spoken in the home? _____

Does your child have any particular fears? _____

What experiences has your child had in Church or Sunday school?

Any additional information that you would like us to know about your child_____

What is the best way to communicate with you?
