



**ST. PAUL'S**  
LUTHERAN CHURCH  
**Preschool**

**2023 - 2024 Registration Form**

Please fill out and return the Registration Form with the deposit and signed Tuition Contract. We will make every effort to ensure your child is placed in your first choice of class. If a class fills up, placement will be determined by the date of receipt of the application.

Full Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Parent/Guardian 2 Name \_\_\_\_\_

Parent/Guardian 1 Phone \_\_\_\_\_ Parent/Guardian 2 Phone \_\_\_\_\_

Parent/Guardian 1 Email \_\_\_\_\_ Parent/Guardian 2 Email \_\_\_\_\_

Names & ages of siblings \_\_\_\_\_

Previous Pre-School Experience? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

Please use the following area to mention any special consideration such as developmental challenges, health concerns, special interests, which might help your child's teacher better understand their needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please take a few minutes to answer the following questions. Thank you for your time.*

How did you hear about us? \_\_\_\_\_

Our family has an employment situation that makes our preferred placement necessary.      \_\_yes \_\_no

My child's current teacher has recommended a preferred placement for my child.      \_\_yes \_\_no

My child has/will have a sibling at St. Paul's Lutheran Church Pre-School.      \_\_yes \_\_no

I am a member of St. Paul's Lutheran Church.      \_\_yes \_\_no

I am interested in learning more about St. Paul's Lutheran Church      \_\_yes \_\_no \_\_n/a

*If your child is currently enrolled, please briefly describe your experience and any suggestions to consider on the reverse side of this form.*

**1609 Kurtz Avenue, Lutherville, MD 21093**

**410-252-3867**

**stpaulsluthschool.org**