

**KINDERGARTEN APPLICATION FORM**

IS THE STUDENT

( ) Sibling of a current student ( ) Member of St. Thomas Lutheran Church ( ) Preschool Student Last Year

**STUDENT INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home e-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone# \_\_\_\_\_ (listed) \_\_\_\_\_  
Gender: ( ) Male ( ) Female Home Phone# \_\_\_\_\_ (unlisted) \_\_\_\_\_

Ethnic Origin: ( )Caucasian ( )African American ( )Hispanic ( )Asian American ( )Other  
Student Lives With: ( ) Mother ( ) Father ( ) Both Parents ( ) Guardian or Other \_\_\_\_\_  
Student Attends Church: ( ) Yes ( ) No If yes, where \_\_\_\_\_  
Baptism Date: \_\_\_\_\_  
Resident of Public School District: \_\_\_\_\_

**PARENT INFORMATION**

Father ( ) Guardian ( ) Stepfather ( ) or Title \_\_\_\_\_  
Name \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Employer or Business Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Home address & phone (if different from student) \_\_\_\_\_  
\_\_\_\_\_

Mother ( ) Guardian ( ) Stepmother ( ) or Title \_\_\_\_\_  
Name \_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Employer or Business Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Home address & phone (if different from student) \_\_\_\_\_  
\_\_\_\_\_

e-mail address \_\_\_\_\_  
Married ( ) Divorced ( ) Separated ( )  
Remarried ( ) Widowed ( )

e-mail address \_\_\_\_\_  
Married ( ) Divorced ( ) Separated ( )  
Remarried ( ) Widowed ( )

**FAMILY INFORMATION**

Brother(s) & Sister(s) Names Age Grade  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Attending  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*YOU MUST FILL OUT THE SACC REGISTRATION FORM ALSO IF YOU NEED BEFORE CARE AND/OR AFTER SCHOOL CARE FROM 3-6PM.\*\***

**\*\*\*Please enclose a copy of the student's birth certificate with your registration form. The Registration Fee MUST accompany this application for enrollment.\*\*\***