



PRESCHOOL ENROLLMENT APPLICATION

315 South Hughes Street • Little Rock, Arkansas 72205

Phone: 1.501.663.5212

Fax: 1.501.663.9542

Child's full name _____

Social Security # _____

Sex: Male Female

Birth Date _____

Enrolling grade _____ Fall 20 _____

Home Church _____

Pastor's name _____

Parent/Primary Guardian Information:

Name(s) _____

Relationship _____

Address _____

City, State, Zip Code _____

Mother's:

Home phone _____

Place of business _____

Work phone _____

Cell phone/Pager _____

E-mail _____

Father's:

Home phone _____

Place of business _____

Work phone _____

Cell phone/Pager _____

E-mail _____

Parent's Marital Status:

Married Divorced* Separated

*If divorced, special arrangements: _____

Siblings:

Name	Grade	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic History:

Grade(s) School name, city and state

Miscellaneous information:

Emotional Behavior – Please circle all that apply:

Calm	Excitable	Easily angered	Whiny	Cries easily
Happy	Cheerful	Stubborn	Cooperative	Independent
Active	Wants own way	Fights often	Gives in easily	Quiet
Throws tantrums	Other: _____	_____	_____	_____

Please provide additional information that might help us better understand your child:

Food Allergies: _____

How did you hear about us? _____

Is your child potty trained? _____

I understand that any registration payment, book fee, and tuition prepayment is non-refundable under any conditions except moving more than 30 miles from the Little Rock city limits.

Parent Signature

Date

Non-Discriminatory Policy: Christ Lutheran School admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, athletic and other school administered programs.

OFFICE USE ONLY		
Date _____	Check # _____	Records provided:
Time _____	Amount _____	<input type="checkbox"/> Birth Certificate
Registration:	Initial _____	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Paid <input type="checkbox"/> Not paid		<input type="checkbox"/> Parent Interview
		<input type="checkbox"/> Achievement Test
		<input type="checkbox"/> Entrance Test