2016-2017 REGISTRATION (Pre-Enrollment) Form

Mountain Valley Lutheran Preschool

Registration paid Y #_____ N

802 Brush Creek Terrace, P.O. Box 3547 Eagle, CO 81631 (970) 328-6718 or 328-1512

Date first enrolled

Please complete both sides of this form and return it along with a \$50 registration fee. Days Requested __ Monday __Tuesday __Wednesday __Thursday __Friday **Child Information** Name of child: Date of Birth: ___/__ Birth Place _____ M or F Physical Address: _____ Mailing Address: Phone: Has the child received any special education services? **Parent Information** Mother (step or natural) **Father** (step or natural) Name Name Employer Employer **Business Phone Business Phone** Cell Phone Cell Phone Address (if different than child's) Address (if different than child's) E-mail Address E-mail Address Marital status Marital status Legal Custody (court decree must be on file at school) _____

Family Information	
Other children in family (names, ages): If there has been a separation or divorce, with whom is the child living? If the child is living with someone other than a parent, please complete: Name:	
Phone:	Relationship to child:
	Church Information
Does your family have a ch If yes, which one?	ed?
Has your child been baptize	ed?
	the teachings of Mountain Valley Lutheran Church and Preschool (these you to join, but are highly recommended for non-member parents)
☐ Morning Bible study (wh☐ Other	nile kids are in class)
	n Valley Lutheran Preschool handbook and agree to follow the ministry of this early childhood program."
Signature of Parent(s)/Guardian	
Date	

At August's orientation night you will receive an enrollment form that will need to be filled out in addition to this form. Thank you!