

Date _____

(Office Use)

School Year _____

Class

Registration

Class Preference _____

Paid

**ADVENT LUTHERAN PRESCHOOL & KINDERGARTEN
(Personal Data Registration Form—Confidential)**

Child's Name _____ Nickname _____

Age _____ Date of Birth ___ / ___ / ___ Birthplace (city/state) _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Address _____
(Street) (City) (Zip code)

Home Telephone _____ Email Address _____

Mother's Work Telephone _____ Mother's Cell Telephone _____

Father's Work Telephone _____ Father's Cell Telephone _____

Are parents separated or divorced? _____ If yes, child lives with _____

Alternate persons to contact in case of an emergency:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

List other children in family (name, age, grade):

Family Church _____ Pastor's Name _____

Child's Baptismal Date _____

**ADVENT LUTHERAN PRESCHOOL & KINDERGARTEN
Student Health Record**

Immunization record (may attach record from physician)

Immunization	Date of 1 st	Date of 2 nd	Date of 3 rd	Booster
DPT				
Polio				
Hib				
MMR				
Hep A				
Hep B				
Rotavirus				
Varicella				
Pneumococcal				

List all allergies and special precautions or treatments indicated:

List any medications currently being administered:

List any physical or developmental disabilities and any special needs indicated:

List diseases the child has had (chicken pox, etc.):

Physician

Address

Phone