

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 <sup>st</sup>	Date of 2 <sup>nd</sup>	Date of 3 <sup>rd</sup>	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