



Are there any unusual factors in the child's life that would be of value to the school and/or teachers: (Absence of father/mother; in-laws or grandparent in home; unusual accidents or serious illness; premature birth; medical problems; Allergies, etc.):

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How did you find out about Faith Lutheran Preschool? \_\_\_\_\_

State briefly why you wish your child to attend Faith Lutheran Preschool? \_\_\_\_\_

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Please give a brief statement of your belief in God: \_\_\_\_\_

Father's Church \_\_\_\_\_ Member? \_\_\_\_\_ Active? \_\_\_\_\_

Mother's Church \_\_\_\_\_ Member? \_\_\_\_\_ Active? \_\_\_\_\_

Child's Church \_\_\_\_\_ Member? \_\_\_\_\_ Active? \_\_\_\_\_

Please describe your participation in the ministry at your church: \_\_\_\_\_

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Is your child baptized? \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Church: \_\_\_\_\_ City and State: \_\_\_\_\_

Are you interested in attending Faith Lutheran Church, Bible Study, or Sunday School?

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Please list below names of people who are authorized to pick up your child:

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