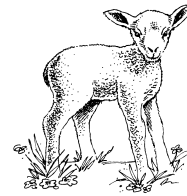




**Grace Ev. Lutheran Church**  
**Lambs of Grace Preschool**  
 5600 W. Palmaire Avenue  
 Glendale, AZ 85301  
 Phone 623-937-2010 ~ Fax 623-937-4390



**Registration Form**

Child's Full name: \_\_\_\_\_  
 Name child goes by: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M / F  
 Date of Baptism: \_\_\_\_\_  
 Child's home address: \_\_\_\_\_  
 \_\_\_\_\_  
 Child's home phone number: \_\_\_\_\_  
 E-mail: Father: \_\_\_\_\_ Mother: \_\_\_\_\_



**PARENT OR GUARDIAN INFORMATION**

Father's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father's address: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Father's occupation & place of employment: \_\_\_\_\_  
 \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's address: \_\_\_\_\_  
 (if different) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother's occupation & place of employment: \_\_\_\_\_  
 \_\_\_\_\_ Business Phone: \_\_\_\_\_

Does child live with both natural parents? \_\_\_\_\_ If no, who has custody? \_\_\_\_\_  
 Is frequent visitation with other parent allowed? \_\_\_\_\_

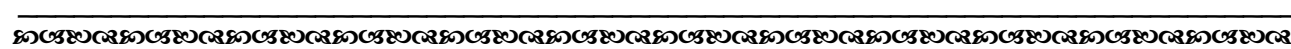


**FAMILY INFORMATION**

Brothers &/or Sisters (please indicate ages and whether they live with the child):

Name	Age	In home with child?
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Please list any other person living with the child and their relationship (if any) to the child:



**CHURCH MEMBERSHIP**

Church of which you are a member: \_\_\_\_\_  
 Name of Pastor: \_\_\_\_\_  
 If you are not a member of Grace, by whom were you recommended? \_\_\_\_\_

If you are not a member of a WELS Lutheran Church, would you be willing to attend a series of classes on the doctrines and teachings of the WELS Lutheran Church?  
 (Attendance at these classes does NOT obligate you to become a member, nor are they required for preschool attendance.) **YES / NO**

PERSONAL HISTORY

Is your child right or left handed? \_\_\_\_\_ Right-handed \_\_\_\_\_ Left-handed

Has your child had a previous group interaction or preschool experience?  Yes  No

If yes, where and when? \_\_\_\_\_

Does your child have any allergies?  Yes  No If yes, please list: \_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does your child have any bowel or bladder irregularities?  Yes  No

Explain: \_\_\_\_\_

List special food or eating instructions: \_\_\_\_\_

List special sleeping or napping instructions: \_\_\_\_\_

Add additional information related to discipline, child's communication, comforting, habits: \_\_\_\_\_

Have changes been made in your home life that might affect your child's classroom behavior? (moving, death of a family member or pet, etc.) Please describe: \_\_\_\_\_

PICK-UP OF CHILD

Persons authorized to pick up child: \_\_\_\_\_

Persons who may NOT pick up child: \_\_\_\_\_

(If this person is a parent, attach a copy of the custody document)

TIMES AND DAYS OF THE WEEK

I wish my child to be enrolled:

<u>Half Days</u>	<u>8:15 - 11:15</u>	<u>Full Days</u>	<u>8:15 - 3:00</u>
___ 2 Days (Tues & Thurs)	\$1425	___ 2 Days (Tues & Thurs)	\$2800
___ 3 Days (Mon, Wed, Fri)	\$1650	___ 3 Days (Mon, Wed, Fri)	\$3350
___ 5 Days (Mon through Fri)	\$2225	___ 5 Days (Mon through Fri)	\$4450

Annual Registration Fee: \$100 (non-refundable)


Fees listed are annual amounts payable in 10 equal monthly payments (August - May).

*We pledge our support of the early childhood education program ministry provided by Lambs of Grace Preschool. We also accept our financial responsibility and pledge to pay the tuition and fees incurred.*

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY		
Date received: ___ / ___ / ___	Letter sent: _____	Birth cert: _____
Reg. Fee paid: _____	cash or Check # _____	Waiting List _____
Approved by: _____	Date _____	
(Director's signature)		

## Volunteer Questionnaire


**TYPE OF WORK PREFERRED - Check those that apply to you.**

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Enrichment Volunteer
- \_\_\_ Classroom Assistant
- \_\_\_ Speak to Classes about a subject in which you have special interest  
(Please indicate subject: \_\_\_\_\_)
- \_\_\_ Act as a resource person for curricular themes. (Please indicate your interests & talents:  
clowns, mime, animals, horticulture, cooking, etc.: \_\_\_\_\_)
- \_\_\_ Show slides and comment on films of trips
- \_\_\_ Display special collections \_\_\_\_\_
- \_\_\_ Read to children
- Help classroom teacher or other school personnel
- Classroom tutor (teaching experience not necessary)
- General work volunteer (on call for special projects)
- I am not able to work at school, but could work at home
- \_\_\_ Cut and paste, make instructional games, etc.
- \_\_\_ Baby-sit for or exchange with other volunteers
- \_\_\_ Repair toys and equipment
- \_\_\_ Build equipment
- \_\_\_ Other: \_\_\_\_\_


**TYPE OF WORK PREFERRED - Check those that apply to you.**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Enrichment Volunteer
- \_\_\_ Classroom Assistant
- \_\_\_ Speak to Classes about a subject in which you have special interest  
(Please indicate subject: \_\_\_\_\_)
- \_\_\_ Act as a resource person for curricular themes. (Please indicate your interests & talents:  
clowns, mime, animals, horticulture, cooking, etc.: \_\_\_\_\_)
- \_\_\_ Show slides and comment on films of trips
- \_\_\_ Display special collections \_\_\_\_\_
- \_\_\_ Read to children
- Help classroom teacher or other school personnel
- Classroom tutor (teaching experience not necessary)
- General work volunteer (on call for special projects)
- I am not able to work at school, but could work at home
- \_\_\_ Cut and paste, make instructional games, etc.
- \_\_\_ Baby-sit for or exchange with other volunteers
- \_\_\_ Repair toys and equipment
- \_\_\_ Build equipment
- \_\_\_ Other: \_\_\_\_\_