

FAMILY INFORMATION

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Other: (specify)_____

Guardian#1: _____
First Last

Home Phone Cell Phone Work Phone

Occupation Email

Guardian #2: _____
First Last

Complete address below if different from Student.

Address

City State Zip Home/CellPhone

Occupation Work Phone Email

Remarried:parent/guardian _____ spouse _____
parent/guardian _____ spouse _____

Other children with whom the student resides:

Name Age Current School Grade

Persons authorized to pick up child:

Name of Person Relationship to Child Phone Number

Name of Person Relationship to Child Phone Number

Attend Church? _____ Church Name _____

Pastor's Name _____ Denomination: _____

Baptized: Yes / No

Interested in Baptism? Yes / No

Is a language other than English spoken in your home? Yes _____ No _____

If yes, what language? _____ Is the applicant bilingual? _____

Please provide a few words or phrases you feel describe your child.

Please comment on your child's experience in day care or school.

What do you want your child to gain at Holy Cross?

If there are circumstances that have affected or might affect your child's school performance, please explain below. For example: frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

Does your child have any known allergies? If so please list.

Has your child been tested for any special needs? _____

If yes, results of needs testing:

Did a current Holy Cross school family refer you to our school? _____

If yes, please name: _____

(A) When my child is ill, I understand and agree that my child may not be accepted for care.

(B) I affirm that all information on this application is true and accurate. I/We request that the above named child be enrolled in the Holy Cross Lutheran Early Childhood Center.

Signature of Parent/Guardian

Date

PLEASE NOTE: In order to request admission, the following must be submitted, along with this application:

- Application Fee
- Copy of Birth Certificate
- Immunization Record
- Parental Agreement (signed)

Office Use Only

Date received: _____

- Registration Fee
- Copy of Birth Certificate
- Immunization Record
- Emergency Information Cards
- Parental Agreement (signed)

Admission Date: _____

Discharge Date: _____