Date_____

St. Stephen Lutheran
3K Registration Form

Biographical Data:

Pupil's Name_____
       Last   First   Middle

Adopted   Yes____   No____

Address_____Phone_____

City/State/Zip _____

Date of birth_____   Place of birth_____
       month   day   year   city and state

Date of baptism_____   Sex (please circle)   male   female
       month   day   year

Church where baptized_____
                   name   city   state   synod

Prior Preschool attendance_____
              school name   city   state

Reason for leaving prior Preschool_____
_____

Is your child enrolled in a special education class or program? (please circle)   Yes   No
       Is yes, explain_____
_____

Father (please circle one) Natural Adopted Stepfather	**Mother** (please circle one) Natural Adopted Stepmother
Name:_____ Email:_____ Occupation:_____ Employer:_____ Church member at_____ Ethnic Group_____ Marital Status_____	Name:_____ Maiden Name _____ Email:_____ Occupation:_____ Employer:_____ Church member at_____ Ethnic Group_____ Marital Status_____

Siblings (name and date of birth)

_____   _____