

Date \_\_\_\_\_

# St. Stephen Lutheran Kindergarten Registration Form

---

## Biographical Data:

Pupil's Name \_\_\_\_\_  
Last First Middle

Adopted Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of birth \_\_\_\_\_  
month day year

Place of birth \_\_\_\_\_  
city and state

Date of baptism \_\_\_\_\_  
month day year

Sex (please circle) male female

Church where baptized \_\_\_\_\_  
name city state synod

Prior Preschool attendance \_\_\_\_\_  
school name city state

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

Will your child ride the school bus to school? (please circle) Yes No  
If yes, please give the road name: \_\_\_\_\_ and fire # \_\_\_\_\_

### Father

(please circle one)

Natural Adopted Stepfather

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Church member at \_\_\_\_\_

Ethnic Group \_\_\_\_\_

Marital Status \_\_\_\_\_

### Mother

(please circle one)

Natural Adopted Stepmother

Name: \_\_\_\_\_

Maiden Name \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Church member at \_\_\_\_\_

Ethnic Group \_\_\_\_\_

Marital Status \_\_\_\_\_

**Siblings (name and date of birth)**

\_\_\_\_\_