

**Zion Lutheran School
Preschool Enrollment and Questionnaire**

Student's _____
Name (Last) (First) (Middle)

Grade _____ Birthdate ____ / ____ / ____ Baptism Date ____ / ____ / ____ Sex M _ F _____

Church Membership _____

Birthplace _____
City/County/ City/State (Birth Certificate must be shown and copied)

Transfer from _____
School/Address/City/State Last Grade

Home Phone _____ Unlisted? Yes_ No_____ Native Language _____

Ethnic (circle one) Am. Indian Black Oriental Hispanic White/Other

Home Address _____
Number Street/Road City Zip

Mailing Address _____
(if different) Number Street/Road City Zip

Parent/Guardian _____
Last Name First Middle Relation

Employment _____ Phone _____

Spouse _____
Last Name First Middle Relation

Employment _____ Phone _____

Marital Status _____ With whom does child reside? _____

Email address _____ Soc. Sec. Number _____
(Optional)

Emergency #1 _____ Phone _____

Name(other than parent) Relationship

Emergency #2 _____ Phone _____

Name(other than parent) Relationship

Emergency #3 _____ Phone _____

Name(other than parent) Relationship

Doctor's Name _____ Phone _____

Special Instructions _____

Other Children in Family

Name	Birthdate	Age	Grade
Name	Birthdate	Age	Grade
Name	Birthdate	Age	Grade

Health and Behavior Record

Check any of the following that may apply to your child:

Anemic _____ Diabetes _____ Kidney Problems _____
 Allergies _____ Easy Bleeder _____ Rheumatic Fever _____
 Asthma _____ Epilepsy _____ Tonsillitis _____
 Convulsions _____ Frequent Colds _____ Other _____

Is this child on any long term medication? Yes _____ No _____

If yes - What? _____

Is your child right-handed? _____ Left-handed? _____

Please check any of the following that, in your opinion, will help us better to understand your child:

<u>Health:</u>	<u>Behavior Traits:</u>	<u>Maturity:</u>
<u>May engage In:</u>	_____ Temper Tantrums	<u>Coordination:</u>
_____ Normal Activity	_____ Friendly	_____ Good
_____ Restricted Activity	_____ Stubborn	_____ Poor
<u>Sleep Habits:</u>	_____ Talkative	<u>Physical Size:</u>
_____ Good	_____ Easily Disturbed	_____ Average
_____ Poor	_____ Nervous	_____ Over Average
<u>Eating Habits:</u>	_____ Aggressive	_____ Under Average
_____ Good	_____ Overactive	<u>Speech:</u>
_____ Poor	_____ Timid	_____ Good
<u>General Health:</u>	<u>Relates to Others:</u>	_____ Poor
_____ Good	_____ Well	<u>Independence</u>
_____ Poor	_____ Poorly	_____ Good
_____ Overweight		_____ Poor
<u>Other Health Problems:</u> _____		<u>Shares with Others</u>
_____		_____ Well
_____		_____ Poorly

Has child attended any type of PreSchool? Yes _____ No _____

If Yes - Where? _____

(Office Use)

Date Received _____ Amount Received _____ Initial _____

Check # _____ Cash _____