



1780 Career Center Road Bourbonnais, IL 60914

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2019-2020 SCHOOL YEAR REGISTRATION FORM

PRESCHOOL

Student Name: _____ Birth Date: _____

****all preschool students must be potty trained****

Preschool Class Enrolling in:

Pre 3's *Must have been born before 9/1/2016 *

3 1/2 Day (M,W,F) _____ 5 1/2 Day (M-F) _____ 2 1/2 Day (T,TH) _____

3 Full Day (M,W,F) _____ 5 Full Day (M-F) _____

Pre 4's *Must have been born before 9/1/2015*

3 Full Day (M,W,F) _____ 5 Full Day (M-F) _____

3 1/2 day AM (M,W,F) _____ 5 1/2 Day AM (M-F) _____

Primary Parent Name/Relationship: _____ Cell Phone #: _____

Other Parent Name/Relationship: _____ Cell Phone #: _____

Home Address: _____ Home Phone #: _____

E-Mail Address: _____

(Y) or (N) Members of St. Paul's Lutheran Church If no, do you attend another church?
Which one: _____

What do you expect from St. Paul's Lutheran School: _____

If your child is a new student, where are they transferring from: _____

Through what grade level (1-8) do you intend to keep your child enrolled: _____

Were you referred to us by a family? If yes, please list name _____

Non-Refundable Registration Fee Amount Paid \$ _____ Date Pd: _____

Received By (initials) _____

Primary Parent Signature _____

Date _____

Other Parent Signature _____

Date _____