Island Lutheran PreSchool

Enrollment Form

First Name () 2-day () 3-o	middle day () 5-day	last name	nickname	
() Morning Only			led Day	
street address and zip code		date of birth		
mailing address		home phone number		
email address		-		
mother's name & cell number		father's name & cell number		
place of work & phone numb In case of an emergency		place of work & phones first. Please list two	e number additional persons we can contact.	
name	phone number	relation	to child	
name	phone number	relation	to child	
Medical concerns or alle	ergies and reactions:			
	ss, I agree to give conse t Island Lutheran church	and/or school personnel	al treatment deemed appropriate by attendivill not assume responsibility for medical dergency situation.	
parent signature	A \$150.00 non-refun	date dable enrollment fee	s due upon registration.	
Received by	on	check number	amount	
Enrollment Date:				

Registrations can be mailed to Island Lutheran PreSchool 4400 Main Street Hilton Head SC 29926

This profile will help us to get to know something about your child before school begins. All information is confidential and will only be seen by your child's teacher and the director.

Name:	
Lives with both parents	Parents are divorced
Other living arrangements	
Ciblings	
Siblings:	DOB:
Name:	
Name:	
Name:	
	chool setting prior to enrollment?
-	nis/her siblings?
How would you describe this	child's temperament?
How does he/she deal with fru	ustration?
With unger:	
What methods of discipline w	ork best with him/her?
Mom, please describe your rel	lationship with him/her
Dad, please describe your rela	ationship with him/her
To these envilling also year way	uld libra to tall up about your abild?
	uld like to tell us about your child?
What is your church/religious	affiliation?
Would you be interested in lea	arning about membership here at Island Lutheran?
Has he/she been baptized?	Would you like more information?