



1787 Klerner Lane New Albany, IN  
 www.gracelutheran.school  
 Phone: 812-941-1912 • Fax: 812-941-9884  
 Email: info@gracelutheran.school



# 2023-2024 Registration

Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
*First Middle Last*

**Preferred Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex** Male Female

**Home Address** \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

**Non-refundable Registration Fee: \$75**

- Birthday cutoff August 1
- Must be toilet trained for 3 and 4 year programs

**2 Year Old** \_\_\_\_\_ Tuesday 9:00am - NOON \_\_\_\_\_ Thursday 9:00am - NOON  
 \_\_\_\_\_ Friday 9:00am - NOON

**3 Year Old** \_\_\_\_\_ Mon/Wed 9:00am - NOON \_\_\_\_\_ Tues/Thurs 9:00am - NOON  
 \_\_\_\_\_ Mon/Wed 9:00am - 3:00pm \_\_\_\_\_ Tues/Thurs 9:00am - 3:00pm

**4 Year Old** \_\_\_\_\_ **AM**-Mon/Wed/Fri 9:00am - NOON \_\_\_\_\_ Mon/Wed/Fri 9:00am - 3:00pm

**Extended Care Option**

\_\_\_\_\_ **Before Care:** Monday-Friday 7:00am-9:00am

**Mother**

**Father**

Name \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Child Lives with \_\_\_\_\_

**Are you a member of a church?** Yes No If so, where? \_\_\_\_\_

**Siblings**

**Brothers**

**Age**

**Sisters**

**Age**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

***In the event of an emergency, I give permission for Grace Lutheran School to obtain medical attention for my child.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact** \*other than parents

<b>Name</b>	<b>Phone</b>	<b>Relationship to Child</b>	<b>Permission to pick-up</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed \_\_\_\_\_ Date \_\_\_\_\_

Allergies and/or Medical Conditions (See for additional form for emergency medication)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your child (Example: Likes, Dislikes, Strengths)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where did you hear about us?**

Friend

Newspaper

Flyer

Website

Facebook

Other \_\_\_\_\_