

# FAIRLAWN LUTHERAN SCHOOL

## 2020-21 Registration Form

### PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_ Include in class roster? Name Phone Email Address

Parent/Guardian 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_ Include in class roster Name Phone Email Address

### CUSTODY

Is there a legal custody agreement regarding your child(ren)? \*  Yes  No

With whom does the child(ren) reside? \_\_\_\_\_

### CHURCH INFORMATION

Church Membership:  None  Christian Church  Non-Christian Church

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

Would you like info on Fairlawn Lutheran Church?  Yes  No

### STUDENT 1 INFORMATION

Student 1 Name \_\_\_\_\_ Name to be used in class \_\_\_\_\_

Sex M F Birthdate (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

Has this student attended preschool or daycare before? No Yes If yes, where? \_\_\_\_\_

Has this student been baptized/christened?  Yes  No

For what class are you registering this student?  2s Parent-Child  4s A (MWF)  5s (M-F)  
*(must be age by Sept. 30 – i.e. for a 3s class the child must be 3 by September 30 to participate)*  3s A (M/W)  4s B (T/TH/F)  Kinder (M-F)  
 3s B (T/TH)  4s C (M-TH)

Does he/she separate easily from parent?  Yes  No

Do you suspect Student 1 has hearing or speech difficulties? \*  Yes  No

Is Student 1 receiving outside services? \* No Speech Occupational Therapy Physio Other

Is there other info we should know about Student 1?

(see reverse)

## STUDENT 2 INFORMATION

Student 2 Name \_\_\_\_\_ Name to be used in class \_\_\_\_\_

Sex  M  F

Birthdate (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

Has this student attended preschool or daycare before?  No  Yes If yes, where? \_\_\_\_\_

Has this student been baptized/christened?  Yes  No

For what class are you registering this student?

Does he/she separate easily from parent?  Yes  No

Do you suspect Student 2 has hearing or speech difficulties? \*  Yes  No

Is Student 2 receiving outside services? \*  No  Speech  Occupational Therapy  Physio  Other

Is there other info we should know about Student 2? \_\_\_\_\_

## STUDENT 3 INFORMATION

Student 3 Name \_\_\_\_\_ Name to be used in class \_\_\_\_\_

Sex  M  F

Birthdate (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

Has this student attended preschool or daycare before?  No  Yes If yes, where? \_\_\_\_\_

Has this student been baptized/christened?  Yes  No

For what class are you registering this student?

Does he/she separate easily from parent?  Yes  No

Do you suspect Student 3 has hearing or speech difficulties? \*  Yes  No

Is Student 3 receiving outside services? \*  No  Speech  Occupational Therapy  Physio  Other

Is there other info we should know about Student 3? \_\_\_\_\_

***Please e-mail the completed form to [flschool@fairlawnlutheran.org](mailto:flschool@fairlawnlutheran.org) or print and mail to Fairlawn Lutheran School at the address below.***