

First Lutheran Preschool

1227 S. Magnolia Ave. Monrovia, CA 91016
626.303.3950 Fax: 626.357.8296



Enrollment Application

Child's Name _____ Date of Birth _____

Place of Birth _____ Ethnicity _____

(For CA Immunization Card and Pacific Southwest Lutheran Schools District Records only)

Address _____ Home Phone _____

Mom's Name _____ Cell Phone _____

Place of Work _____ Work Phone _____

Dad's Name _____ Cell Phone _____

Place of Work _____ Work Phone _____

Siblings _____ Age _____ Age _____

Marital Status: Married Separated Divorced Single Remarried

Church Affiliation/Home Church: _____

Pastor: _____ Baptized? _____ Date: _____

What are your child care needs? Circle all that apply:

All Day: Monday Tuesday Wednesday Thursday Friday

Half Day: Monday Tuesday Wednesday Thursday Friday

Has your child attended a preschool program before? _____ How long? _____

Where? _____ Reason for leaving? _____

Is your child used to being separated from you? _____

Does your child have any fears? _____

Is your child excited or anxious about preschool? _____

Does your child have any hearing, vision, or speech problems? _____

Has your child indicated a dominate hand preference? **Right** **Left** **Both**

Does your child have any habits we need to be aware of (nail biting, bed wetting, thumb sucking, etc.)?

What responsibilities are given to your child at home? _____

What has your child been taught about God and Jesus? _____

What do you want to see your child learn about God and Jesus? _____

Top 3 priorities regarding your child's early education here at First Lutheran Preschool:

1. _____

2. _____

3. _____

What led you to First Lutheran Preschool? (internet search, flyer, location, staff, facility, word of mouth, referral, etc.) Please let us know who sent you our way. We'd like to thank them!

Other comments:
