



BETHLEHEM LUTHERAN SCHOOL

ENROLLMENT APPLICATION

Please fill in application completely and legibly

How were you referred to Bethlehem Lutheran School _____

Child's Name: First _____ Last: _____ Middle Initial _____ Sex: M F

Address _____ City _____ Zip _____

Date of Birth ____/____/____ Birthplace _____ Adopted? [] Yes [] No

Baptized: [] Yes [] No Church Membership: [] Yes [] No Where: _____

Child's Parents: [] Married [] Divorced Child lives with [] Both parents [] Mother [] Father [] Other

Enrolling Parent/Guardian _____

Address _____
Last Name First Name Relationship to child
City Zip

Home phone # _____ Cell Phone # _____ Email address _____

Employer _____ Work Phone # _____ Occupation _____

Employer's Address _____ City _____ Zip _____

Other Parent/Guardian _____

Address _____
Last Name First Name Relationship to child
City Zip

Home phone # _____ Cell Phone # _____ Email address _____

Employer _____ Work Phone # _____ Occupation _____

Employer's Address _____ City _____ Zip _____

(if applicable)

Other Parent/Guardian _____

Address _____
Last Name First Name Relationship to child
City Zip

Home phone # _____ Cell Phone # _____ Email address _____

Employer _____ Work Phone # _____ Occupation _____

Employer's Address _____ City _____ Zip _____

Type of program desired: [] Preschool [] Daycare

Circle Days desired: Monday Tuesday Wednesday Thursday Friday

Circle time desired: Before School Preschool Hours After School All Day

Signature _____ Date _____

For Office Use Only:

Enrollment Start Date _____ Approved by: _____ Monthly Tuition Fee _____