

*SHEPHERD OF THE LAKES LUTHERAN SCHOOL*

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**2009-2010 PRESCHOOL APPLICATION**

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**FAMILY INFORMATION**

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Name of Child \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
(Street & Number) (City) (Zip)

Telephone \_\_\_\_\_ Marital Status of Parents \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Where? \_\_\_\_\_

List names and ages of children in family (give birthdates) \_\_\_\_\_

Is anyone else regularly in the home? \_\_\_\_\_

What name should your child be called at school? \_\_\_\_\_

E-Mail address \_\_\_\_\_

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**CHURCH INFORMATION**

Date of child's baptism \_\_\_\_\_ Where? \_\_\_\_\_

Church membership: Father \_\_\_\_\_ Mother \_\_\_\_\_

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**PHYSICAL BACKGROUND AND DEVELOPMENT**

Emergency name & phone number of friend or relative in town \_\_\_\_\_  
\_\_\_\_\_

Pediatrician's name & phone number \_\_\_\_\_

Has your child had any serious illness, epilepsy, operations, accidents, or hospital experiences? \_\_\_\_\_

Explain: \_\_\_\_\_

How did your child react to these experiences? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ Please list: Foods \_\_\_\_\_

Other allergies (specify): \_\_\_\_\_

Child's sleeping habits: Nap? \_\_\_\_\_ Bedtime? \_\_\_\_\_

Does child dress independently? \_\_\_\_\_ Toileting problems? \_\_\_\_\_ Is child right or left handed? \_\_\_\_\_

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## DISCIPLINE AND HABITS

Is child easily managed, fairly easily managed, or hard to manage? (circle one)

What methods of discipline have you found to be most effective? \_\_\_\_\_

How does the child react to controls and correction? \_\_\_\_\_

Has the child any fears of which we should be aware? \_\_\_\_\_

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## FAMILY AND PLAY INFORMATION

What activities does your child enjoy with ?...sisters/brothers \_\_\_\_\_ mother \_\_\_\_\_

father \_\_\_\_\_ Does your child play with other children? \_\_\_\_\_

What age and sex are your child's most frequent companions? \_\_\_\_\_

Does your child have imaginary playmates? \_\_\_\_\_ Does your child play alone? \_\_\_ Never \_\_\_ Sometimes \_\_\_ Usually

Does your child hear stories? \_\_\_\_\_ From whom? \_\_\_\_\_

What type of play would you describe as being your child's favorite? \_\_\_\_\_

Has your child ever been in a play group or other school situation away from you? \_\_\_\_\_

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## OTHER INFORMATION

Where did you hear about Shepherd of the Lakes Preschool? \_\_\_\_\_

What would you like your child to get out of his/her preschool experience? \_\_\_\_\_

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### PRESCHOOL SESSION DESIRED (CHECK ONE BOX)

*DISCLAIMER: You're signing up for a class not a particular teacher.*

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|--------------------------|---------------------------------------|-------------------|-----------------|
| <input type="checkbox"/> | 3-yr-old Monday/Wednesday Mornings:   | 9:00 – 11:30 a.m. | \$1200 annually |
| <input type="checkbox"/> | 3-yr-old Monday/Wednesday Afternoons: | 1:00 – 3:30 p.m.  | \$1200 annually |
| <input type="checkbox"/> | 3-yr-old Tuesday/Thursday Mornings:   | 9:00 – 11:30 a.m. | \$1200 annually |
| <input type="checkbox"/> | 4-yr-old Mon./Weds./Fri. Mornings:    | 9:00 – 11:30 a.m. | \$1450 annually |
| <input type="checkbox"/> | 4-yr-old Mon./Weds./Fri. Afternoons:  | 1:00 – 3:30 p.m.. | \$1450 annually |
| <input type="checkbox"/> | 4-yr-old Tuesday/Thursday Mornings:   | 9:00—11:30 a.m.   | \$1200 annually |
| <input type="checkbox"/> | PreK Five-half day Mornings:          | 8:50– 11:50 a.m.  | \$2000 annually |

**Please submit application with \$150 preschool or \$200 PreK non-refundable registration fee to:**

*Shepherd of the Lakes Lutheran School*

*2101 S. Hacker Rd*

*Brighton, MI 48114-8764*

**Make checks payable to:** *Shepherd of the Lakes (SOTL)*

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*For office use only*

Date received \_\_\_\_\_

Application fee paid? \_\_\_\_\_

Check Number? \_\_\_\_\_