



Sioux Falls Lutheran School
World Ready, Faith Secure

09-10 WINNER



Fantastic Fives Preschool Enrollment 2010-2011
308 W. 37th St.

Enrollment Fee \$100*

Student's Full Name Male Female
Preferred name DOB Age on 9/1/10
Address City State/Zip
Phone Church Denomination

Fantastic Fives Morning Options

(check all that apply)

Fantastic Fives am class M-F (9-11:45 am)

Afternoon enrichment M-F (11:45 am-3:15 pm)

A-OK before care M-F (6:45-9:15 am)

A-OK after care MWF (3:15-6 pm)

Fantastic Fives Afternoon Options

(check all that apply)

Fantastic Fives pm class M-F (12:30-3:15 pm)

A-OK after care M-F (3:15-6 pm)

Father/Guardian's Name:

Cell: Work:

Would you like to receive cell text messages for school closings, late starts or emergencies?

Email:

Employment:

Stepmother Name:

Siblings w/ages:

Mother/Guardian's Name:

Cell: Work:

Would you like to receive cell text messages for school closings, late starts or emergencies?

Email:

Employment:

Stepfather Name:

For Office Use Only

Cash Check

Registration Date

Comp KH Comp MP

ST

Enrollment fee is non-refundable unless a class is cancelled due to insufficient enrollment.



Race: White Native American African-American Hispanic Asian Other

Parents Marital Status: Married Single Divorced Separated Other _____

Child living with: Both parents Mother Father Guardian Other _____

Language spoken: Most at home: _____
 By child first: _____
 By you to child: _____
 By child at home: _____

Publish in directory: Address Phone Email All of the above

Child is: Right-handed Left-handed

Use photos of your child for publicity purposes (no names would be used): Yes No

How did you hear about SFLS?
 Church Newspaper Telephone book Friend Web search TV

Radio City School Directory The Local Best list Sibling previously attended Alumni Other _____

People authorized to pick-up your child _____

Allergies, medical issues _____

Person responsible for tuition _____ Phone _____

Address, City, State, Zip _____

Emergency Information

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Hospital preferred _____

Insurance Co _____ Group/Plan # _____

As a parent or guardian, I assume the responsibility for the payment of ambulance, physician, or hospital fees. I give permission to medical personnel to provide emergency health care. All the enrollment information is accurate and current.

Parent/Guardian's Signature _____ Date _____