



Bloomington Living Hope Lutheran Pre-School
4 Year Old Program Application

For Office Use Only

Check # _____

Date _____

Total \$ _____

Please indicate your preference:

Bloomington Lutheran School (BLS) AM _____ PM _____

Living Hope Lutheran School (LH) AM _____ PM _____

School Year: 20__ - 20__

Child's First Name _____ Middle _____ Last _____

Birth Date _____ Male _____ Female _____

Child's Ethnic Origin: ___ African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other

Address _____ City _____ Zip Code _____

Home Phone # (_____) _____

Family Status: Married ___ Divorced ___ Step Parent ___ Widowed ___ Single Parent ___

Should non-custodial parent receive mailings from school? ___ yes, emails ___ yes, mail to home ___ NO mailings

Father's Name _____ Occupation _____

Place of Employment _____ Business # (_____) _____ Ext. _____

Cell # (_____) _____ Father's Address if different from above _____

Active E-Mail Address (for school correspondence only) _____

Mother's Name _____ Occupation _____

Place of Employment _____ Business # (_____) _____ Ext. _____

Cell # (_____) _____ Mother's Address if different from above _____

Active E-Mail Address (for school correspondence only) _____

Siblings Names and Ages: _____

Health: Asthma: ___ Yes ___ No Is your Child on Medication? ___ Yes ___ No

If So Explain: _____

Allergies: ___ Food ___ Drug(s) ___ Plant(s) ___ Animal(s) ___ Insect(s) ___ Other-

Explain: _____

Emergency Contact: _____ Phone #: (_____) _____

How Did You Hear About Us? _____

Church Affiliation (Check Appropriate Box)

___ Member of Bloomington Living Hope Lutheran Church

___ Member of Christ Lutheran Church - Eden Prairie

___ Member of Faith Lutheran Church - Excelsior

___ Member of Faith Lutheran Church - Prior Lake

___ Member of Mt. Olive Lutheran Church - Shakopee

If none of the above, please fill in below:

Name of Church _____ Pastor _____

Denomination _____ City _____

Signature Of Parent Or Guardian _____ Date: _____