



Astoria Lutheran School

31-20 21st Avenue, Astoria, NY 11105-2022
Tel. # (718) 545-1129 or (718) 728-0093 Fax # (718) 721-7662



Website: www.astorialutheranschool.com Email: info@astorialutheranschool.com

APPLICATION FOR REGISTRATION

2019 - 2020

Pre-K 4 (**FREE** Pre-K for All)

(4 years of age by 12/31/19)

Child's Name: _____
Last First Middle

For Office Use Only:

Applying for **FREE** PKA Full Day _____ Hours: 8:10 am – 2:30 pm _____
After School (see PKA After School Fees Form) Hours: 2:30 - 4:00 pm _____
Hours: 2:30 – 6:00 pm _____

Age: ____ Date of Birth: ____/____/____ Place of Birth: _____ Gender: M F
Month/Day/Year Circle one

Address: _____ City: _____ Zip: _____

Home Telephone # _____ Social Security # _____

Baptism or Dedication Date: _____ Church: _____

Applicant is living with (check one): Both Parents _____ Father Only _____ Mother Only _____

Father & Stepmother _____ Legal Guardian _____ Other _____ If other, please identify _____

Mother's Name _____ Maiden Name _____
Last First Last

Mother's Address (if different than child's) _____

City _____ State: _____ Zip: _____ Home Tel.# _____

Country of Birth: _____ Church Affiliation: _____

Occupation: _____ Employer: _____

Business Tel. # _____ Cellular # _____

E-Mail Address _____

Father's Name _____
Last First

Father's Address: (if different than child's) _____

City: _____ State: _____ Zip: _____ Home Tel. # _____

Country of Birth: _____ Church Affiliation: _____

Occupation: _____ Employer: _____

Business Tel. # _____ Cellular# _____

E-Mail Address (Please print clearly) _____

OVER ➡

Brothers and Sisters:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Health and Medical Information:

Does your child have any health and/or medical issues such as allergies/asthma of which we should be aware?

YES NO If yes, please explain: _____
Circle one

Other Information:

Emergency Contact, other than parents:

_____	_____	_____
Print first and last name	Relationship to child	Telephone number

For New Enrollees:

How did you hear about our school? Church _____ A parent _____ Other _____

If other, please specify _____

If referred by a parent, please write parent's name:

(Print first and last name)

In desiring to enroll my child, I agree to:

1. Participate in the faith nurturing of my child
2. Abide by all school policies and support all school programs
3. Meet all financial obligations

Please attach a copy of your child's BIRTH CERTIFICATE and APPLICATION FEE

Parent/Guardian Signature: X _____ Date: _____