



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

2023 - 2024

Pre-K

(4 years of age by 12/31/2023)

Child's Name: _____
Last First Middle

Applying for **FREE PreK Full Day** _____ **Hours: 8:00 am – 2:30 pm** _____

Enrichment 2:30 pm – 3:00 pm _____ **After School** _____ **Hours: 3:00 – 6:00 pm** _____

Age: ____ **Date of Birth:** ____ / ____ /2019 **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) _____

For Office Use Only:

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 conditions that require special help or attention in school? Yes No

If YES, please check all that apply: Hearing impaired Emotionally impaired
 Visually impaired Asthma
 Speech impaired Developmentally disabled
 Physically impaired Other (Please specify) _____

If YES, what early intervention has your child received, if any? _____

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: _____