



# Astoria Lutheran School

31-20 21<sup>st</sup> Avenue, Astoria, NY 11105-2022  
Tel. # (718) 721-4313 Fax # (718) 721-7662



Website: [www.astorialutheranschool.com](http://www.astorialutheranschool.com) E-mail: [info@astorialutheranschool.com](mailto:info@astorialutheranschool.com)

## APPLICATION FOR REGISTRATION

### 2024 - 2025

### 3-K

(3 Years of Age by 12/31/2024)

**Child's Name:** \_\_\_\_\_

Last

First

Middle

Applying for: **FREE 3-K** \_\_\_\_\_ **Full Day 8:00 - 2:30 pm** \_\_\_\_\_ **Enrichment 2:30 - 3:00 pm** \_\_\_\_\_

**After School** \_\_\_\_\_ **Hours: 3:00 – 6:00 pm** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_ / \_\_\_ / 2021 **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
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**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. Provide a copy of your child's immunization records and two proofs of address
2. Meet all financial obligations (after school and enrichment programs)
3. Abide by all school policies and support all school programs

**Please attach a copy of your child's BIRTH CERTIFICATE**

Parent/Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_