



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

2025 - 2026

Pre-K

(4 years of age by 12/31/2025)

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:** ____ / ____ /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:
- | | |
|--|---|
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Emotionally impaired |
| <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Speech impaired | <input type="checkbox"/> Developmentally disabled |
| <input type="checkbox"/> Physically impaired | <input type="checkbox"/> 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: _____