

# Grace Lutheran School

31-20 21<sup>st</sup> Avenue, Astoria, NY 11105-2022

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## APPLICATION FOR REGISTRATION

### 2026 - 2027

### 3-K

(3 Years of Age by 12/31/2026)

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

Last

First

Middle

Applying for: **3-K 8:00 am - 2:30 pm** \_\_\_\_\_ **Enrichment 2:30 pm - 3:00 pm** \_\_\_\_\_

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

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / 2023 **Place of Birth:** \_\_\_\_\_ **Gender: M F**  
Month/ Day /Year Circle one

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Telephone #** \_\_\_\_\_

**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  Asthma  
 Visually impaired  Allergies (Please Specify) \_\_\_\_\_  
 Speech impaired \_\_\_\_\_  
 Physically impaired  Food Sensitivities (Please Specify) \_\_\_\_\_  
 Emotionally impaired \_\_\_\_\_  
 Developmentally disabled  Other (Please Specify) \_\_\_\_\_

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

**Other Information:**

**Emergency Contact, other than parents:**

<b>Print first and last name</b>	<b>Relationship to child</b>	<b>Telephone number</b>
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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: \_\_\_\_\_