



Sioux Falls Lutheran School

World Ready, Faith Secure

East Lord of Life Preschool Enrollment 2010-2011

2600 S. Sycamore

09-10 WINNER



Enrollment Fee \$100*

Student's Full Name _____ Male _____ Female _____

Preferred name _____ DOB _____ Age on 9/1/10 _____

Address _____ City _____ State/Zip _____

Phone _____ Church _____ Denomination _____

East 3-yr-old Options

(check all that apply)

3-yr-old am class T/Th (9:15-11:45 am)

Afternoon enrichment T/Th (11:45 am-3:15 pm)

A-OK before care T/Th (6:45-9:15 am)

A-OK after care T/Th (3:15-6 pm)

Add MWF am class

Add MWF afternoon enrichment

East 4-yr-old Options

(check all that apply)

4-yr-old am class MWF (9:15-11:45 am)

Afternoon enrichment MWF (11:45 am-3:15 pm)

A-OK before care MWF (6:45-9:15 am)

A-OK after care MWF (3:15-6 pm)

Add T/Th am class

Add T/Th afternoon enrichment

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Cell: _____ Work: _____

Cell: _____ Work: _____

Would you like to receive cell text messages for school closings, late starts or emergencies? _____

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Email: _____

Email: _____

Employment: _____

Employment: _____

Stepmother Name: _____

Stepfather Name: _____

Siblings w/ages: _____

For Office Use Only

Cash _____ Check _____

Registration _____ Date _____

Comp KH _____ Comp MP _____

ST _____



Race: White Native American African-American Hispanic Asian Other

Parents Marital Status: Married Single Divorced Separated Other _____

Child living with: Both parents Mother Father Guardian Other _____

Language spoken: Most at home: _____
 By child first: _____
 By you to child: _____
 By child at home: _____

Publish in directory: Address Phone Email All of the above

Child is: Right-handed Left-handed

Use photos of your child for publicity purposes (no names would be used): Yes No

How did you hear about SFLS?
 Church Newspaper Telephone book Friend Web search TV

Radio City School Directory The Local Best list Sibling previously attended Alumni Other _____

People authorized to pick-up your child _____

Allergies, medical issues _____

Person responsible for tuition _____ Phone _____

Address, City, State, Zip _____

Emergency Information

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____ Phone _____

Hospital preferred _____

Insurance Co _____ Group/Plan # _____

As a parent or guardian, I assume the responsibility for the payment of ambulance, physician, or hospital fees. I give permission to medical personnel to provide emergency health care. All the enrollment information is accurate and current.

Parent/Guardian's Signature _____ Date _____

Enrollment fee is non-refundable unless a class is cancelled due to insufficient enrollment.