



# Sioux Falls Lutheran School

*World Ready, Faith Secure*



## Fantastic Fives Preschool Enrollment 2012-2013

308 W. 37th St., Sioux Falls, SD 57105

### Enrollment Fee \$100\*

Student's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Preferred name \_\_\_\_\_ DOB \_\_\_\_\_ Age on 9-1-2012 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Church \_\_\_\_\_ Denomination \_\_\_\_\_

#### Fantastic Fives Half Day Options

(check all that apply)

**Fantastic Fives AM Class M-F 8:30-11:15am**

**A-OK Before Care M/T/W/Th/F 6:45-8:30am**

**Fantastic Fives PM Class M-F 12:30-3:15pm**

**A-OK After Care M/T/W/Th/F 3:15-6:00pm**

#### Fantastic Fives All Day Options

(check all that apply)

**Fantastic Fives & Enrichment M-F 8:30am-3:15pm**

**A-OK Before Care M/T/W/Th/F 6:45-8:30 am**

**A-OK After Care M/T/W/Th/F 3:15-6:00 pm**

Father/Guardian's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

To receive text messages for school closing, late starts or emergencies, cell phone carrier is: \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Stepmother Name: \_\_\_\_\_

Siblings w/ages: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

To receive text messages for school closing, late starts or emergencies, cell phone carrier is: \_\_\_\_\_

Email: \_\_\_\_\_

Employment: \_\_\_\_\_

Stepfather Name: \_\_\_\_\_

#### *For Office Use Only*

Cash \_\_\_\_\_ Check \_\_\_\_\_

Registration \_\_\_\_\_ Date \_\_\_\_\_

Comp KH \_\_\_\_\_ Comp MP \_\_\_\_\_

ST \_\_\_\_\_

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



Race:	Parents Marital Status:	Child living with:	Language spoken:
<input type="checkbox"/> White	<input type="checkbox"/> Married	<input type="checkbox"/> Both parents	Most at home: _____
<input type="checkbox"/> Native American	<input type="checkbox"/> Single	<input type="checkbox"/> Mother	By child first: _____
<input type="checkbox"/> African-American	<input type="checkbox"/> Divorced	<input type="checkbox"/> Father	By you to child: _____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Separated	<input type="checkbox"/> Guardian	By child at home: _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other			

Publish in directory:	Child is:	Use photos of your	How did you hear about SFLS?
<input type="checkbox"/> Address	<input type="checkbox"/> Right-handed	child for publicity	<input type="checkbox"/> Church
<input type="checkbox"/> Phone	<input type="checkbox"/> Left-handed	purposes (no names	<input type="checkbox"/> Radio
<input type="checkbox"/> Email		would be used):	<input type="checkbox"/> City School Directory
<input type="checkbox"/> All of the above		<input type="checkbox"/> Yes	<input type="checkbox"/> The Local Best list
<input type="checkbox"/> None of the above		<input type="checkbox"/> No	<input type="checkbox"/> Sibling previously attended
			<input type="checkbox"/> Alumni
			<input type="checkbox"/> Other _____
			<input type="checkbox"/> Newspaper
			<input type="checkbox"/> Telephone book
			<input type="checkbox"/> Friend
			<input type="checkbox"/> Web search
			<input type="checkbox"/> TV

People authorized to pick-up your child \_\_\_\_\_

Allergies, medical issues \_\_\_\_\_

Person responsible for tuition \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

### Emergency Information (other than parents)

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 \_\_\_\_\_