



Sioux Falls Lutheran School

World Ready, Faith Secure



East Lord of Life Preschool Enrollment 2012-2013

2600 S. Sycamore Ave., Sioux Falls, SD 57110

Enrollment Fee \$100*

Student's Full Name _____ Male _____ Female _____

Preferred name _____ DOB _____ Age on 9-1-2012 _____

Address _____ City _____ State/Zip _____

Phone _____ Church _____ Denomination _____

East 3-yr-old Options

(check all that apply)

- 3-yr-old AM Preschool T/Th 8:45-11:15 am
- 3-yr-old All Day Class T/Th 8:45am-3:15pm
- A-OK Before Care T/Th 6:45-8:45 am
- A-OK After Care T/Th 3:15-6:00 pm
- Add M/W/F AM Preschool class 8:45-11:15am
- Add M/W/F Afternoon Enrichment 11:15am-3:15pm

East 4-yr-old Options

(check all that apply)

- 4-yr-old AM Preschool M/W/F 8:45-11:15 am
- 4-yr-old All Day M/W/F 8:45am-3:15 pm
- A-OK Before Care M/W/F 6:45-8:45 am
- A-OK After Care M/W/F 3:15-6:00 pm
- Add T/Th AM Preschool class 8:45-11:15am
- Add T/Th Afternoon Enrichment 11:15am-3:15pm

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Cell: _____ Work: _____

Cell: _____ Work: _____

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

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

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:	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 _____

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 _____

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