



# Abiding Savior Lutheran School

A Ministry of Abiding Savior Lutheran Church  
 Early Childhood Program  
 4353 Butler Hill Road • St. Louis, MO 63128  
 (314) 892-4408 • (314) 892-4469 Fax

## Application for Enrollment 2012-2013

### I. Student Information

Date of Application \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Is child baptized? Yes/No Date of Baptism \_\_\_\_\_

Family Church Membership: \_\_\_\_\_

### Please enroll my child in:

Preschool (Tues/Thurs)	___ AM 8:30-11:30	___ PM 12:30-3:30			
Preschool (Weds/Fri)	___ AM 8:30-11:30				
Pre-Kindergarten (Mon/Weds/Fri)	___ AM 8:30-11:30	___ PM 12:30-3:30			
Lunch Bunch (11:30-1)	___ Monday	___ Tuesday	___ Weds.	___ Thurs.	___ Fri.
Preschool Plus (11:30-3:30)	___ Monday	___ Tuesday	___ Weds.	___ Thurs.	___ Fri.
Children's Day Out (9-1)	___ Monday	___ Tuesday	___ Weds.	___ Thurs.	___ Fri.
CDO Plus (PM 1-3:30)	___ Monday	___ Tuesday	___ Weds.	___ Thurs.	___ Fri.
Early Bird	___ Monday	___ Tuesday	___ Weds.	___ Thurs.	___ Fri.

### II. Parent Information

Name of Father \_\_\_\_\_

Name of Mother \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

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

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

Business Number \_\_\_\_\_

Business Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Does applicant live with mother and father? \_\_\_\_ If not, with whom? \_\_\_\_\_

Parent's current status: \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Father Deceased \_\_\_\_ Mother Deceased \_\_\_\_ Single  
*\*If a court-ordered parenting plan exists, please provide a copy to the school.*

Adopted Y/N If yes, place of birth; city, state, country \_\_\_\_\_

Names and Ages of brother/sisters: \_\_\_\_\_

Please explain any family circumstances of which the school must be aware to better help your child: divorce, adoption of child or siblings, deceased parent, custodial arrangements, etc.

### Grandparent Information

Paternal Grandparents

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

Address \_\_\_\_\_

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

Maternal Grandparents:

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

Address \_\_\_\_\_

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

### III. School Information

\*In what school district do you live? \_\_\_\_\_

**\*This section must be completed at time of enrollment. We must supply this information to the State.**

Please list preschools or child cares previously attended:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Does your child have any physical condition, which might limit his participation in school activities? If so, please explain:

\_\_\_\_\_

Does your child have any sort of condition, which may require special education arrangements? If so, please explain:

\_\_\_\_\_

If this is your first year, how did you learn of Abiding Savior Lutheran School?

signs  ads/flyers  live nearby  website

family/friend

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

Abiding Savior Lutheran School admits students of any race, color, nation, or ethnic origin to all the rights and privileges, programs, and activities generally made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, and athletic or other school administered programs.

Signature of person responsible for payments: \_\_\_\_\_

**\$70 REGISTRATION FEE MUST ACCOMPANY THIS ENROLLMENT FORM**