

**PILGRIM LUTHERAN PRESCHOOL**  
1731 St. Agnes Drive  
Green Bay, WI 54304-3099  
920-965-2244

Form #41  
School year 2019-20  
Enrollment # \_\_\_\_\_  
Date \_\_\_\_\_

**APPLICATION FOR ENROLLMENT**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **INITIAL** \_\_\_\_\_ **SEX** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child's Nickname \_\_\_\_\_ **Email** \_\_\_\_\_

Ethnic Race \_\_\_\_\_ Adopted YES or NO

Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ Church affiliation \_\_\_\_\_

**Date of Baptism** \_\_\_\_\_ Church where baptized \_\_\_\_\_  
Church \_\_\_\_\_ City/State \_\_\_\_\_

**CHILD'S PHYSICIAN OR MEDICAL FACILITY:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**FATHER:** Last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

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

Occupation/Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**MOTHER:** Last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

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

Occupation/Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**Child lives with:** Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

**Marital Status of Parents:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Mother Dead \_\_\_\_\_ Father Dead \_\_\_\_\_ Mother Remarried \_\_\_\_\_ Father Remarried \_\_\_\_\_

**NUMBER OF BROTHERS AND SISTERS:** Older \_\_\_\_\_ Younger \_\_\_\_\_

**Number of Days Enrolled in Daycare** \_\_\_\_\_

*If information on this application changes before or during the school year, the Office must be informed.*

Please note: Your child must be toilet trained prior to entering preschool.

**Three-year-old Preschool (With a birthday prior to Sept. 1)**

**CHECK FIRST CHOICE**

\_\_\_\_\_ Mon/Wed/Fri A.M.  
(8:30-11:30 AM)  
\$1038/year + Regist Fee

\_\_\_\_\_ Mon/Tues/Thurs A.M.  
(12:00-3:00 PM)  
\$1038/year + Regist Fee

\_\_\_\_\_ Tues/Thurs A.M.  
(8:30-11:30 AM)  
\$760/year + Regist Fee

**Non-refundable registration \$75 must be paid at time of enrollment.**

**Amount Paid** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Check Number** \_\_\_\_\_