

**MESSIAH LUTHERAN PRESCHOOL AND  
PRE-KINDERGARTEN REGISTRATION FORM**  
Lutheran Church and School of Messiah  
840 N. 11<sup>th</sup>  
Grand Junction, CO 81501  
(970) 245-2838  
Fax: (970) 245-8145

OFFICE USE	
Class	_____
Reg. Fee	_____
Date Rec'd	_____
Check #	_____

**THIS APPLICATION PLACES THE STUDENT'S NAME ON OUR CURRENT WAITING LIST IN THE ORDER IN WHICH IT WAS RECEIVED.**

Upon enrollment, parents will receive a Parent Handbook including guidelines, expectations and procedures. Children entering preschool must be at least 3 years old by July 15<sup>th</sup> of the enrolling year.

**FAMILY BACKGROUND**

Child's Name \_\_\_\_\_ Name to be used in school \_\_\_\_\_ M or F  
 Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

(A copy of child's Birth Certificate and Immunization Records are required for all students)

Home Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Father's Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Mother's cell phone # \_\_\_\_\_ Father's cell phone # \_\_\_\_\_  
 Current Marital Status of child's parents \_\_\_\_\_

(If parents are divorced, please fill out a custody statement, which can be found in the office, so proper custody rights are administered by school personnel.)

Has there been a recent change in situation in the family pattern such as divorce, illness, or new baby, which might affect your child?  
 If yes, explain.

\_\_\_\_\_

Other children in family	Age	Grade level in school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE CHOOSE DESIRED SCHEDULE:**

- \_\_\_ **GREEN CLASS - 2 DAYS** --Tue/Thu 8:00-11:00 a.m.      \_\_\_ **ORANGE CLASS - 4 DAYS**--Mon.-Thurs. 12:00p.m.-3:00 p.m.  
 \_\_\_ **BLUE CLASS - 3 DAYS**--M/W/F 8:00-11:00 a.m.      \_\_\_ **RED CLASS - 5 DAYS**--Mon.-Fri. 8:00-11:00 a.m.

**CHURCH AFFILIATION**

Present Church Membership with Mother \_\_\_\_\_ Present Church Membership with Father \_\_\_\_\_  
 Church Name/Address \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Is student baptized? \_\_\_\_\_ Date \_\_\_\_\_ Where does child attend Sunday School? \_\_\_\_\_  
 Would you like Pastor or an outreach person from the church to call on you with more information about our church and its ministries? \_\_\_\_\_ Does your family have special needs that we should be aware of or can assist you with? Please List \_\_\_\_\_

**GENERAL**

How did you hear about our program? \_\_\_\_\_

What do you feel will be the advantage of your child attending a Christian school? \_\_\_\_\_

Does your child have any health problems the school should be aware of? If so, please explain: \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_

Does your child have any food or other allergies? \_\_\_\_\_

Is your child right or left-handed? \_\_\_\_\_

Is your child able to be in a new or different situation without an undue show of fear? \_\_\_\_\_

When playing does your child play alone? \_\_\_\_\_ With older children? \_\_\_\_\_ With younger children? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Children in our program must be toilet trained. Can your child take care of his/her toilet needs? \_\_\_\_\_

Please identify characteristics that apply to your child such as separation anxiety, makes friends easily, fearful in new situations, or any other characteristics you feel will help us in working with your child: \_\_\_\_\_

Has your child attended any other school before? \_\_\_Yes \_\_\_No Name of school \_\_\_\_\_ Location \_\_\_\_\_

For how long? \_\_\_\_\_ Grade levels completed \_\_\_\_\_

What else would you like your teacher to know about your child? \_\_\_\_\_

When is the best time to call or meet with you ? (Please circle)

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Anytime \_\_\_\_\_

**PLEASE REMEMBER: You are encouraged to contact your child’s teacher regarding anything you feel might affect your child’s education.**

**\*\*Lutheran Church and School of Messiah does not discriminate on the basis of race, color, national or ethnic origin in**

**administration of its educational policies or other school administered programs.\*\***

- Names, address, and phone numbers for our family (may\_\_\_\_) (may not\_\_\_\_) be included in a school directory.
- Photographs of the student named on this application (may\_\_\_\_) (may not\_\_\_\_) be used in school projects, programs, and promotional materials.

A non-refundable registration fee of \$200 is required. Half of the registration fee, \$100, is due upon remittance of application. The second half, \$100, will be due on “Completion of Fees Day” in August. The registration fee will be returned to you if your child is not accepted into our program.

Please make checks payable to Messiah Lutheran School.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Enrollment interview completed by Director: Enrollment approved by Director  
(yes/no/conditionally) \_\_\_\_\_  
Date \_\_\_\_\_  
Director signature \_\_\_\_\_