

Tree of Life Lutheran Preschool

Application for Enrollment

Session Desired: ____ 2 Year-Old (T/R) ____ 3 Year-Old (T/R) ____ 4 Year-Old (M/W/F)

Student's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Sex: _____

Father's / Guardian's Name: _____

Address: _____ Cell Phone: _____

Employed By: _____ Work Phone: _____

Employer's Address: _____

Mother's / Guardian's Name: _____

Address: _____ Cell Phone: _____

Employed By: _____ Work Phone: _____

Employer's Address: _____

Parent's E-Mail Address: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Emergency contact other than parent or doctor:

Name	Address	Phone	Relationship
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Home Church (if any): _____

** Please include a \$50 registration fee payable to "Tree of Life Lutheran Preschool" to hold a spot for your child.

The above information is accurate and correct to the best of my knowledge.

Parent / Guardian Signature _____ Date _____

** Registration form can be dropped off at or mailed to—New Life Lutheran Church, 910 S. Old Rand Road, Lake Zurich, IL 60047. Call the church office at 847-438-5018 with any questions.