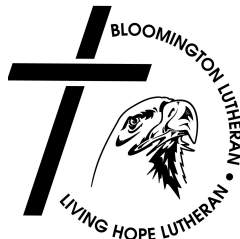


Bloomington Lutheran School

10600 Bloomington Ferry Road • Bloomington, MN 55438
(952) 941-9047 • Fax (952) 941-1242 • www.blhschool.org

Living Hope Lutheran School

8600 Horizon Drive South • Shakopee, MN 55379
(952) 445-1785 • Fax (952) 445-1822 • www.blhschool.org



For Office Use Only

Registration Fee Check # _____

Dated ____/____/____

Field Trip ____ Activity Bus ____

PRE-KINDERGARTEN APPLICATION

For School Year: 20____ - 20____ Today's Date ____/____/____ 2-day Class (Tuesday & Thursday 9:00am-Noon)

Choose School Location: ____ Bloomington Lutheran School

____ 3-day Class (Mon-Wed-Fri 9:00am-Noon)

____ Living Hope Lutheran School

____ 5-day Class (Monday - Friday 9:00am-Noon)

Legal Name of Student _____ Is student a U.S. citizen? ____ Yes ____ No
(First, Middle, Last)

Address _____
(Street) (City) (Zip Code)

Phone (H) _____ Birthdate _____ Age _____ Gender _____

Child's Ethnic Origin: African American Asian Caucasian Hispanic Native American Other _____

May we release the phone number and address listed under the student for the following reasons?

Car Pool requests: ____ Yes ____ No Volunteer Classroom leaders: ____ Yes ____ No Student Directory: ____ Yes ____ No

Please list all other siblings in the home:

Name _____ Relationship to student _____ DOB _____

Name _____ Relationship to student _____ DOB _____

Name _____ Relationship to student _____ DOB _____

Father's/Legal Guardian's Name _____ Living in same home as student? ____ Yes ____ No

Address _____
(Street) (City) (Zip Code)

Employer _____ Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ May we release email address to other parents? ____ Yes ____ No

Mother's/Legal Guardian's Name _____ Living in same home as student? ____ Yes ____ No

Address _____
(Street) (City) (Zip Code)

Employer _____ Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ May we release email address to other parents? ____ Yes ____ No

Marital Status: ____ Married ____ Divorced ____ Separated ____ Single

Who has legal custody of the student? ____ Father ____ Mother ____ Both ____ Other _____

If divorced or separated, is there a specific court ordered pick up schedule for your child? ____ Yes ____ No

(Without the court order we will allow each parent and/or their emergency designees to pick up the child on any school day)

Non-custodial Parent's Name _____

Should non-custodial parent receive mailings from school? ____ yes, emails ____ yes, mail to home ____ NO mailings

Address _____
(Street) (City) (Zip Code)

Email Address _____

~ PLEASE FILL OUT OTHER SIDE ALSO ~

CHURCH AFFILIATION:☐ Member of Bloomington Living Hope Lutheran Church☐ Member of Faith Lutheran Church - Excelsior☐ Member of Christ Lutheran Church - Eden Prairie☐ Member of Faith Lutheran Church - Prior LakeIf none of the above, please fill in below:☐ Member of Mt. Olive Lutheran Church – Shakopee

Name of Church _____

Pastor's Name _____

City _____

Denomination _____

CONTACT INFORMATION:

List 2 persons that are authorized to remove your child from school or be called in case of an emergency if parents cannot be reached.

1. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

MEDICAL INFORMATION (Check all that are applicable):

Does your child have any of the following?

☐ Food Allergies, what foods _____☐ Medicine Allergies, what medicines _____☐ Insect Allergies (bees, wasps, etc.) _____☐ Seasonal Allergies (pollen, grass, etc.) _____☐ Other Allergies _____☐ asthma or respiratory condition☐ digestive condition☐ diabetes☐ hypoglycemia☐ heart problems☐ hemophilia☐ seizures☐ hearing problems☐ vision problems☐ physical disability _____☐ other _____Are your child's allergies severe enough to require an Epi-pen? ☐ Yes ☐ NoDoes your child use an inhaler? ☐ Yes ☐ No

List all medical conditions for which your child receives regular care

List all medications and dosages your child receives on a regular basis

The school has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment which a physician deems necessary for the well-being of my child.

(All parties having legal custody of the child should sign.)

Signature parent/legal guardian _____ Date ____/____/____

Signature parent/legal guardian _____ Date ____/____/____

MONTHLY TUITION PAYMENTS:I would like to make payment by: ☐ Check ☐ Automatic Withdrawal ☐ Credit card ☐ Debit card
(the school office can set up Automatic Withdrawal, Credit or Debit payments for you)**Please attach/include the \$70.00 non-refundable Registration Fee.****USE OF STUDENT PHOTOGRAPHS:**

We occasionally use photographs of students in printed materials to promote our school. Due to potential legal liability involving unauthorized transmission of pictures and other general individual information concerning BLH students, notice is hereby given to all parents/guardians and students that such publication is possible.

I give Bloomington Living Hope Lutheran School permission to use my child's photograph in or on:

☐ Yes ☐ No Website www.blhhschool.org☐ Yes ☐ No Yearbook (traditionally includes only 1 or 2 pictures of Pre-K students)☐ Yes ☐ No Promotional Materials and Other Items☐ Yes ☐ No School Facebook Page