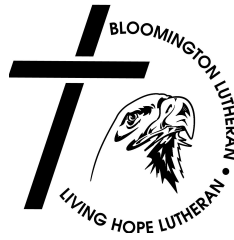


Bloomington Lutheran School

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 ____/____/____
Letter sent ____/____/____

PRE-KINDERGARTEN APPLICATION

For School Year: 20 ____ - 20 ____ Today's Date ____/____/____

Choose School Location: Bloomington Lutheran School Pre-K 3 year old class (T-TH 9:00-11:00am)

Living Hope Lutheran School Pre-K 4 year old AM class (M-W-F 9:00-11:30am)

Pre-K 4 year old PM class (M-W-F 12:30-3:00pm)

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 _____ Age _____

Name _____ Relationship to student _____ Age _____

Name _____ Relationship to student _____ Age _____

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 Christ Lutheran Church - Eden Prairie

If none of the above, please fill in below:

Name of Church _____

City _____

_____ Member of Faith Lutheran Church - Excelsior

_____ Member of Faith Lutheran Church - Prior Lake

_____ Member of Mt. Olive Lutheran Church – Shakopee

Pastor’s Name _____

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 ___ No

Does 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 have 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 must sign.)

Signature parent/legal guardian _____ Date ___/___/___

Signature parent/legal guardian _____ Date ___/___/___

TUITION NOTICE:

Payment Schedule: ___ 9 monthly check payments ___ 9 monthly Automatic Withdrawals ___ Credit or Debit card ___ Pay in Full

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.blhschool.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