

Bloomington Lutheran School

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

Living Hope Lutheran School

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



For Office Use Only	
Registration Fee Check #	_____
Dated	___/___/___
Letter sent	___/___/___

PRE-KINDERGARTEN APPLICATION

For School Year: 20____ - 20____ Today's Date ___/___/___ ___ Pre-K 3 year old class (T & Th 9:00am-Noon)

Choose School Location: ___ **Bloomington Lutheran School** ___ Pre-K 4 year old AM class (M-W-F 9:00am-Noon)

 ___ **Living Hope Lutheran School** ___ Pre-K 4 year old PM class (M-W-F 12:45-3:30pm)

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 Faith Lutheran Church - Excelsior

____ Member of Christ Lutheran Church - Eden Prairie

____ Member of Faith Lutheran Church - Prior Lake

If 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 ____ 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 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 ACH, 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