APPLICATION FOR ADMISSION TO
FAITH LUTHERAN PRESCHOOL & CHILDCARE

4000 San Juan Ave.
Fair Oaks, CA. 95628
916-961-6069

Date of Application_____

Preschooler's Name_____
FIRST MIDDLE LAST

Address_____City_____Zip Code_____

Father's Name_____ Mother's Name_____

Occupation_____ Occupation_____
Work Phone Work Phone

Marital Status _____

Cell Phone_____ Cell Phone _____

Email Address_____

Date of Birth_____ Place of Birth_____

Where & When Baptized _____

Church Affiliation _____

Other Preschool (s) Attended_____

Names & dates of birth for siblings_____

Are you interested in attending Faith Lutheran Church? _____

Please state your reasons for desiring enrollment at Faith Lutheran Preschool/Childcare.

_____

_____

Please describe your child's strengths and weaknesses as you assess them.

_____

_____ _____

_____
Parent's Signature Date