



# **Suburban Bethlehem Lutheran Pre-School**

6318 West California Road  
Fort Wayne, Indiana 46818  
260-483-9371

A quality pre-school program, such as SBLs, is a golden opportunity to enlighten young minds and to share the Gospel of Jesus Christ with your child.

Currently taking registrations for 2019-2020 school year  
August thru May

Nursery (3 by August 1) class on Tuesday and Thursday  
7:55-11:00 am or 11:45 – 2:45 pm

Pre-K (4 by August 1) class on Monday, Wednesday & Friday  
7:55 – 11:00 am or 11:45 – 2:45 pm

Registration Fee - \$75.00

Tuition: 9 Monthly Payments for Nursery - \$100.00

Tuition: 9 Monthly Payments for Pre-K - \$120.00

Contact School office @ 483-9371 for registration information  
Students must be potty trained

\*\*\*\*Registration fee and 1<sup>st</sup> month fee is due before nursery and pre school students start school.\*\*\*\*

**SUBURBAN BETHLEHEM LUTHERAN SCHOOL  
NURSERY & PRE-SCHOOL ENROLLMENT FORM 2019-2020**

Nursery Class (3 yr old) \_\_\_\_\_ Pre-Kindergarten Class (4 year old) \_\_\_\_\_  
Morning Class \_\_\_\_\_ Afternoon Class \_\_\_\_\_ Either \_\_\_\_\_  
Students Must be potty trained

**Student Name** \_\_\_\_\_ **Nationality** \_\_\_\_\_ **Hispanic Y N**  
**Address** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ **Birth Date** \_\_\_\_\_ **Baptism/Dedication date** \_\_\_\_\_  
Month Day Year

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** (if different than child) \_\_\_\_\_

**Family Email Address** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** (if different than child) \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Custodial Parent:** circle one: Both Parents Mother Father \_\_\_\_\_

**Marital Status** (circle one) S M D W List step parent(s) \_\_\_\_\_

What public school district do you live in? \_\_\_\_\_

Please check the following regarding your family's church membership:

\_\_\_\_\_ Suburban Bethlehem Church Member

If you are not a member of Suburban Bethlehem, please complete the following:

Where do you hold church membership? \_\_\_\_\_

Denomination of church membership \_\_\_\_\_

I understand that I am responsible to pay all fees. Non-payment is a breach of this contract. Full payment of my fees is a condition of releasing my child's records.

**Standard Release Form**  
Photographs or video may be taken of my child(ren) while at Suburban Bethlehem Lutheran Church & School (SBLC&S). I understand that my child is not required to have his/her picture taken. I grant permission to SBLC&S the right to use photographs and/or other reproduction of my child(ren), to be included in any publications, photographs or videos. I release SBLC&S and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child(ren).  
I hereby certify that I am the legal guardian of the above listed minor.  
Suburban Bethlehem Lutheran School admits students of any race, color, national and ethnic origin to all the rights, Privileges, programs and activities generally accorded or made available to students at the school. It does not Discriminate on the basis of race, color, national and ethnic origin in administration or its educational policies, admissions policies, scholarship and loan programs, and athletic and other school- administered programs.

\_\_\_\_\_  
**Parent's Printed Name**                      **Parent's Signature**                      **Date**

Brothers & sisters (names & ages) \_\_\_\_\_

In order to help us better understand your child, please list any disabilities, handicaps, or allergies your child may have. All information is confidential.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

What previous group experience has this child had? \_\_\_\_\_

Does your child have any fears the teacher should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does this child have a nickname? \_\_\_\_\_

If so, should your child be taught to print his/her nickname or given name? \_\_\_\_\_

Indicate what you would like your child to get out of his/her nursery school experience.

\_\_\_\_\_

What are your child's favorite toys? \_\_\_\_\_

Do you feel you have discipline difficulties with your child? \_\_\_\_\_

What method of discipline is most effective? \_\_\_\_\_

\_\_\_\_\_

Is your child willing to share? \_\_\_\_\_

Does your child like to play with others? \_\_\_\_\_

Does your child like to play alone? \_\_\_\_\_

Does your child have a regular bed time? \_\_\_\_\_ When? \_\_\_\_\_

Does your child feel comfortable with adults? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

List any other pertinent information about your child below: