



PILGRIM LUTHERAN PRESCHOOL

1731 St. Agnes Drive
Green Bay, WI 54304-3099
920-965-2244



ENROLLMENT APPLICATION

Last Name _____ First Name _____ Middle Initial _____ Gender _____

Address _____ City _____ Zip _____ Phone _____

Child's Nickname _____ Parent Email(s) _____

Ethnic Race _____ Household Language _____ Adopted Yes or No

Birth Certificate # _____ *Bring Birth Certificate to the School Office for Validation

Cell Phone: Mom _____ Dad _____

Date of Birth _____ Church affiliation _____ Date of Baptism _____

CHILD'S PHYSICIAN OR MEDICAL FACILITY

Name _____

Address _____ Phone _____

FATHER: Last name _____ First _____ Middle Initial _____

Address _____ Home Phone _____

Occupation/Employer _____ Work Phone _____

MOTHER: Last name _____ First _____ Middle Initial _____

Address _____ Home Phone _____

Occupation/Employer _____ Work Phone _____

Child lives with: Both Parents _____ Father _____ Mother _____ Other _____

Marital Status of Parents: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Mother Deceased _____ Father Deceased _____ Mother Remarried _____ Father Remarried _____

Number of Brothers and Sisters: Older _____ Younger _____

Number of Days Enrolled in Pilgrim Lutheran Daycare _____

**Please include a daycare application and fee

INDICATE FIRST & SECOND CHOICE

_____ Mon/Wed/Fri A.M.
(8:05-11:15 AM)
\$1450/year

_____ Mon/Tues/Thurs P.M.
(11:50-3:00 PM)
\$1450/year

_____ Tues/Thurs A.M.
(8:05-11:15 AM)
\$1000/year

Parent's Signature _____ Date _____

NOTE: Non-refundable registration \$100 must be paid at time of enrollment.

OFFICE USE ONLY

Amount Paid _____ Date Paid _____ Method: Credit Card Cash Check # _____