



# Information Form

ST. LUKE ACADEMY

## Child Information

First Name:	Middle Name:	Last Name:
Home Phone:	DOB:	Place of Birth (City, State):
Home Address:		
Child's Physician's Name:		Child's Physician's Phone:
Allergies/Special Medical Conditions:		
Please list any schools your child has previously attended:		

## Parent Information

Father's Full Name:	Mother's Full Name:
Father's Occupation:	Mother's Occupation:
Father's Business Name & Address:	Mother's Business Name & Address:
Father's Business Phone:	Mother's Business Phone:
Father's Cell Phone:	Mother's Cell Phone:
Father's Email:	Mother's Email:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Who has legal custody of the child?	Do both parents have legal rights to the child? Please specify:

## Family Information

Siblings in the home:	Did sibling previously attend our preschool?
Name: _____ Age: _____ Current School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Age: _____ Current School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Age: _____ Current School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other members in the household: _____	
If your family attends a church, please share with us which church: _____	