



Noah's Park Christian Preschool Zion Lutheran Church Registration Form

1732 South Main Street

Aberdeen, SD 57401

605) 225-6755

noahspark@nvc.net

School Year _____ Session: _____ M.W.F. am _____ M.W.F. pm _____ T.TH. am

Child Information:

Child's Name: _____ Prefers: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: _____ M _____ F

Home Phone: _____ SS#: _____

Ethnic Origin: _____ American Indian _____ Caucasian _____ African American

_____ Asian _____ Hispanic _____ Other

Family Information:

Mother Name: _____ Father Name: _____

Address :(if different) _____ Address :(if different) _____

City: _____ St: _____ Zip _____ City: _____ St: _____ Zip _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Work Phone: _____ ext# _____ Work Phone: _____ ext# _____

Place of Employment: _____ Place of Employment: _____

Sibling names & ages: _____

Child Personal Information:

Fears or situations that cause anxiety for your child:

Child's likes and dislikes: _____

Other Helpful Information about your child

_____ I have received a copy of the handbook.

_____ I request a scholarship for my child to attend Noah's Park.

Parent/Guardian Signature: _____ Date: _____