



# Faith Lutheran School

111 Sumac Road  
Huntsville, TX 77340  
(936) 291 - 1706

FOR OFFICE USE ONLY:	
Date Received:	_____
Amount Received:	_____
Check #:	_____

## 2015-2016 PRESCHOOL REGISTRATION APPLICATION *(for Infants - Pre-Kindergarten)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age as of 9/1/15 \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

cell  home  other

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

cell  home  other

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Child lives with:  both parents  mother  father  other: \_\_\_\_\_

Previous school(s) attended \_\_\_\_\_

If new, how did you find about FLS? \_\_\_\_\_

REGISTRATION FEE OF \$150 MUST ACCOMPANY THIS APPLICATION