

ST. MATTHEW'S LUTHERAN PRE-KINDERGARTEN REGISTRATION FORM

**756 West Wabasha
Winona, MN 55987
Phone: (507) 454-3083**

Registration For: 2-Day Program _____ 3-Day Program _____ Date _____

Child's Name _____
Last First Middle

Address _____
Street City State Zip

Home Telephone _____ **Email Address** _____

Place of Birth _____ **Date of Birth** _____

Baptized: Yes _____ No _____ **Church:** _____

Father/Guardian _____ **Address** _____

Father's Place of Birth _____ **Cell Phone** _____

Father's Occupation _____

Church Membership at _____

Mother/Guardian _____ **Address** _____

Mother's Place of Birth _____ **Cell Phone** _____

Mother's Occupation _____

Church Membership at _____

Other Children in Family:

Name	Date of Birth	School Now Attending	Baptized At
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child lives with: Parents _____ Father _____ Mother _____ Other: _____
(Explain Please)