

St. Peter's Christian Day School
7910 Belair Road
Baltimore, MD 21236

Grade: _____
Reg. Fee: \$ _____
Book Fee: \$ _____

REGISTRATION FORM
School Year 2018-2019

Name: _____ Boy
 Girl
Address: _____ Zip Code: _____ Phone: _____
Grade: _____ Age (Sept. 1): _____ Date of Birth: _____ Soc. Sec. #: _____
Email 1: _____ Email 2: _____

Previous schools attended (most recent listed first):

Name: _____ Address: _____ Grades: _____ Years: _____
Name: _____ Address: _____ Grades: _____ Years: _____
Name: _____ Address: _____ Grades: _____ Years: _____
Sunday School: Yes No Church: _____ Denomination: _____
Church: Yes No Church: _____ Denomination: _____
Baptized: Yes No Church: _____ Denomination: _____
Pastor: _____ City: _____

Mother/Guardian: _____ Phone: _____ Address: _____
Occupation: _____ Phone: _____ Employer: _____
Church Affiliation (Membership): Yes No Name of church: _____

Father/Guardian: _____ Phone: _____ Address: _____
Occupation: _____ Phone: _____ Employer: _____
Church Affiliation (Membership): Yes No Name of church: _____

Other Children in the Family:	Date of Birth	School Now Attending	Baptized
Name: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child lives with: Both parents Father Mother Other - List: _____

Additional Information:

Scholastic: _____
Health: _____
Other: _____

How did you hear about St. Peter's?

We agree to abide by the educational and financial policies of the school and by the regulations and administration of the school as prescribed by the School Board and the Church Council of St. Peter's Lutheran Church.

Signature of Mother/Guardian

Signature of Father/Guardian