

ASCENSION LUTHERAN PRESCHOOL

Parent Information Form 2026-2027

Return to: Ascension Lutheran Preschool
15870 46th Avenue North Plymouth, MN 55446
(763) 559 -0579

Student's Name _____ Birth date _____ Male / Female
(please circle one)

Father's Name _____

Father's Home Address _____
Street City State Zip Code

Daytime Phone (_____) _____

Mother's Name _____

Mother's Home Address _____
Street City State Zip Code

☐ Same as above

Daytime Phone (_____) _____

This first section may be printed on a class list given out to other families at the school. ☐ Yes ☐ No

Mother's Cell Phone (_____) _____ Father's Cell Phone (_____) _____

My child will attend: (please check one)

_____ (3 yrs. olds) Tuesday/Wednesday/Thursday 9:00 AM – 12:00 PM

_____ (4-5 yrs. olds) Tuesday/Wednesday/Thursday 9:00 AM – 12:00 PM

Child lives with _____ Both Parents _____ Mother _____ Father _____ Other

Father's Occupation/Employer _____

Address: _____

Business Phone: (_____) _____

Mother's Occupation /Employer _____

Address: _____

Business Phone: (_____) _____

Who is authorized to Provide Transportation to and from School?

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Is there anyone NOT allowed to pick up your child? _____

List three people who could be called in case of an illness or emergency and you could not be reached. Please verify this with these people before listing them.

Name	Address
1. _____	_____
Phone Number	Relationship
_____	_____

Name	Address
2. _____	_____
Phone Number	Relationship
_____	_____

Name	Address
3. _____	_____
Phone Number	Relationship
_____	_____

Please list the church that you are currently attending: _____

Is the child that you are enrolling baptized? _____

Are there any home situations we should be made aware of? _____

Please list the names and ages of any other children in the family.

Has your child had previous group experience? _____

What are your child's interests? _____

How does your child express anger or frustration? _____

When your child is upset, what helps to comfort him/her? _____

What is your expectation for your child from preschool? _____

Which hand does your child prefer to use? _____

Does your child have any allergies that the teachers need to know about? If so please list.