



**Holy Trinity Lutheran Preschool**  
 2416 Hwy 53 South  
 LaGrange, KY 40031

**Child Information Form**

**Times And Days Of The Week I Wish My Child To Be Enrolled**

**3 Year Olds M-W-Th**

**4 Year Olds M-Th**

Child's full name	
Date	
Pick-Up	
Persons Authorized to Pick up your child	
Persons who may <b>NOT</b> pick up your child	

**PERSONAL HISTORY**

Has Your Child had a previous group or preschool experience? If so when and where?	
Is Your Child right handed or left handed	
Does Your Child have any Known Allergies? What are they?	
Are there any medical problems we should be aware of?	
Does Your Child have any Bowel or Bladder irregularities?	
Is There any special food or eating instruction for your child?	

Your child may NOT attend preschool until immunization records are submitted.

What is your child's Concept of God?