

Chisago Lakes Baptist School

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APPLICATION - KINDERGARTEN READINESS PROGRAM

STUDENT INFORMATION

Date of Application: _____

- Male
 Female

Last Name First Name Middle Name Date of Birth

Street Address City State/Zip Home Phone Number

Please list any persons who may *NOT* pick up your child. _____

Does this student Take medication Have a physical handicap Have an illness which might affect the learning process? If any boxes are checked, please explain. _____

FAMILY INFORMATION

Father's Last Name First Name Middle Initial

Address (if different than student's) please give Street – City – State – Zip Code

Occupation Employer Employer's Phone Number

Mother's Last name First Name Middle Initial

Address (if different than student's) please give Street – City – State – Zip Code

Occupation Employer Employer's Phone Number

Other members of the immediate family Older Brothers # ____ Older Sisters # ____ Younger Brothers # ____
 Younger Sisters # ____ Relatives living at home (i.e. grandparent, aunt, uncle, cousin, etc. please list)

Why do you want your son or daughter to attend Chisago Lakes Baptist School? _____

Father's Signature: Date:

Mother's Signature: Date:

Email Address: