

The Mustard Seed Program
St. Luke's Episcopal Church
11 St. Luke's Lane
San Antonio, TX 78209-4445
210-828-6425

ENROLLMENT AND INFORMATION FORM

I am enrolling my child for (Please Check One):

A. The 2-day/week program (Tuesday/Thursday)

B. The 4-day/week program (Tuesday, Wednesday, Thursday, Friday)

Child's Full Name _____

Name Used _____

Child's Date of Birth ____ / ____ / ____ Age as of September 1st _____

Mother's Name _____ Church Affiliation _____

Address: Street _____ City _____ State _____ Zip _____

Phone #'s: Home _____ Cell _____ Work _____

E-Mail: _____

Occupation _____

Father's Name _____ Church Affiliation _____

Address: Street _____ City _____ State _____ Zip _____

Phone #'s: Home _____ Cell _____ Work _____

E-Mail: _____

Occupation _____

Others authorized to pick up your child (besides parents):

Name _____ Phone _____

Name _____ Phone _____

More on Reverse 

The following additional information is requested so that we can better serve you and your child. The information will be kept confidential.

Other children in your family (and age/s):

Additional members of your household:

Pets:

Please list any allergies your child may have (food, insect, etc.)

Is there any food your child should not eat (for medical or religious reasons)?

Has your child had previous school experience? If so, where?

What are your child's favorite toys and activities?

In case of divorce or separation, state custody arrangements:

Is there anything else about your child that we should know?