

OUR SAVIOR'S LUTHERAN SCHOOL
63 Mountain View Avenue
Albany, New York 12205

Thomas L. Roemke, Principal

School Telephone: 459-2273

NURSERY REGISTRATION FORM

Name of Pupil: _____
(Last name) (First Name) (Middle Name)

Address: _____ Phone _____
(#) (Street) (City) (zip code)

Date of Birth _____ Place of Birth _____ Sex F M
(city) (state)

Date of Baptism _____

Circle Preference: A.M. 3 Year Olds or P.M. 3 Year Olds
A.M. 4 Year Olds or P.M. 4 Year Olds

Mother's Name _____ Father's Name _____

Church Membership _____ Church Membership _____

Occupation _____ Occupation _____

Native Country _____ Native Country _____

Educational Level _____ Educational Level _____

- Educational Levels: a. grade school b. high school graduate
c. vocational training d. partial college studies
e. college graduate f. post college studies

	Pupil's brothers and sisters	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

EMERGENCY TELEPHONE NUMBERS (other than home)

number	Name of Person
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number	Name of Person
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Signature of Parent

Date