

**St. John's Lutheran Preschool
FINANCIAL AID APPLICATION
2022-2023**

Child Information:

Child's Full Name _____ Male ___ Female ___

Date of Birth _____

Primary Residence: Both Parents ___ Dad Only ___ Mom Only ___ Other _____

Child's Address: _____

Has anyone in the family previously attended St. John's Lutheran Preschool? Yes ___ No ___

If yes, please specify who and when _____

Is the child currently attending St. John's Lutheran Preschool? Yes ___ No ___

Parent/Guardian Information:

<p>Name/Relationship _____</p> <p>Address _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Home Phone _____</p> <p>Employer _____</p> <p>Full or Part-time _____</p> <p>Work Phone _____</p>	<p>Name/Relationship _____</p> <p>Address _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Home Phone _____</p> <p>Employer _____</p> <p>Full or Part-time _____</p> <p>Work Phone _____</p>
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List any and all dependents or persons receiving support from you:

Name	Relationship	Living with you
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___
		Yes ___ No ___

Please turn over and complete other side →

