



LUMIN BACHMAN LAKE COMMUNITY SCHOOL

PARENT INFORMATION

Parent/Guardian Name: _____ Mr. Mrs. Miss. Ms.

Date of Birth: _____ Email: _____
Day / Month / Year

Address: _____ City, State & Zip: _____

Telephone: (Home) _____ (Mobile) _____

Are you pregnant and wish to enroll before the baby is born? Yes No

Expected date of delivery _____

Would you prefer to have a Parent Educator who is fluent in Spanish? Yes No

Does the child hear, understand, or speak a language other than English? Yes No

If yes, what language? _____

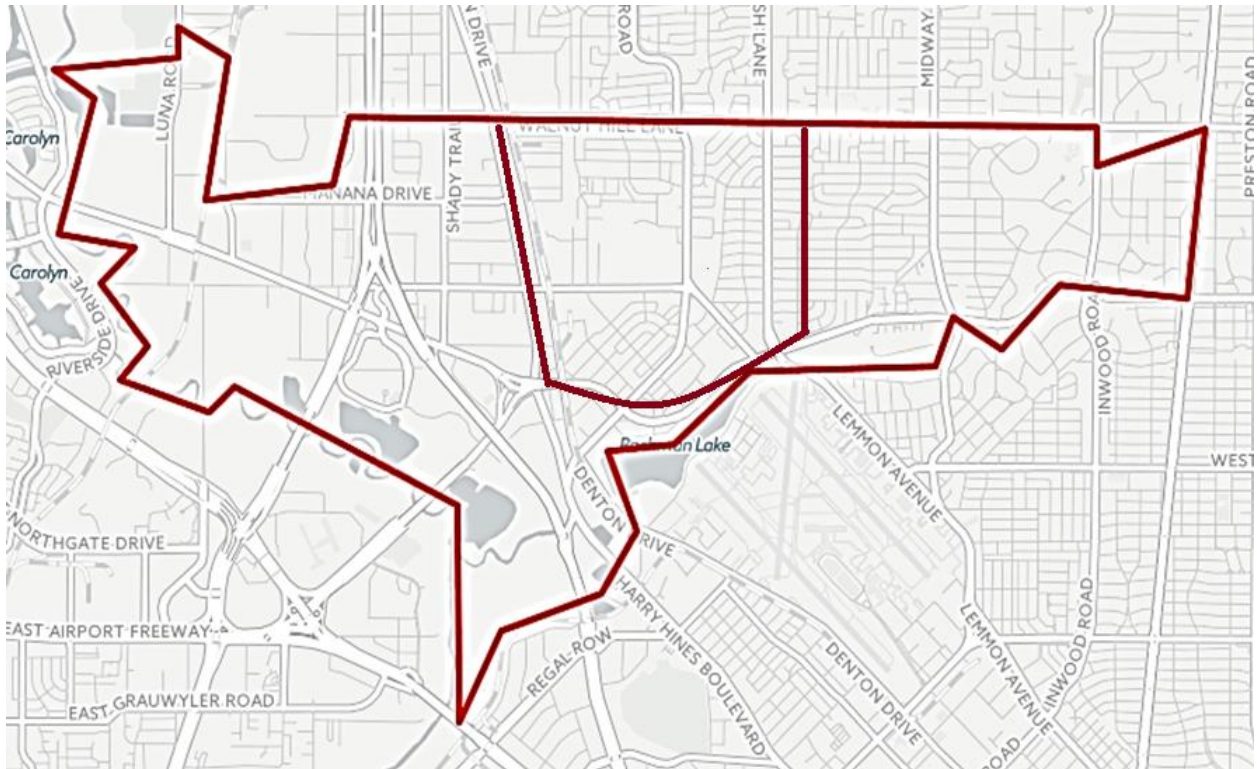
How did you hear about the Parents as Teachers (PAT) Program? _____

CHILD INFORMATION

Child's Full Name: _____ Child's Date of Birth: _____
Day / Month / Year

Child's Primary Address (if different from above): _____

Does the child live in the service area?
(See image.)



SIBLING INFORMATION

Does the child have a sibling who is: (circle one, both, or neither)

- Enrolled at any Lumin Education campus?
- An alumni?

If yes please give name(s) of sibling(s): _____

Year last enrolled: _____ Number of years enrolled: _____

ADDITIONAL INFORMATION

Is there any additional information you would like to include? If yes, please list below.
