



Child Information

Last Name _____ First Name _____ Middle Name _____

Date of birth ___/___/___ Gender _____ Name Child Goes By (for nametag) _____

Medical Information List medications/dosage, describe allergies or medical conditions, and specify limitations that are caused by said conditions (severe allergies should be discussed with the teacher):

Give additional information that would be helpful to the teacher (ie. fears, family situations, special concerns, etc.).

Additional Information

Who cares for the child during the day? _____

Provide names of those transporting child to and from school. (Include phone if other than parent or guardian)

Drop off _____

Pick Up _____

Does child nap? Yes No Occasionally

Age of child on July 31 _____

Does child have bladder and bowel control? Yes No

Please list problems _____

*Child may have occasional accidents but must be able to attend to own bathroom needs before attending preschool.

Religious Background Information

Does child have an awareness of God? Yes No

Date of child's baptism: _____

Does child attend: Sunday School Yes No

Church? Yes No

Do you have a home church congregation? If so, please specify _____

Parent/Guardian Information Who has custody? (circle one) Both Parents Mother Father
Father **Mother**

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Marital Status: (circle those that apply)

Marital Status: (circle those that apply)

Married Single Separated Divorced Other ____

Married Single Separated Divorced Other ____

Family Information

List names & ages of siblings:

List names of other adults in home _____

Emergency Information

Emergency Contact Information – person(s) who will take responsibility for the child in an emergency when the parent/guardian cannot be reached (ONE NAME MUST BE GIVEN)

Name (other than parent) _____

Name (other than parent) _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Additional Person(s) to whom the child may be released

Other than parents & emergency contacts – if no one, please write NONE

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Please Sign – Consent to Contact Emergency Response System

In the event I cannot be reached in an emergency, I understand that St. John Ministries will contact the emergency response system (911).

Parent Signature _____

Date _____

Getting to Know Your Child

Interests:

What are your child's favorite toys and activities that he/she likes to do at home?

Who are your child's friends/playmates? Does she/he interact and play well with his/her friends?

Communication:

What frustrates your child? Are there any behaviors that we should be aware of?

What comforts your child when he/she is upset?

Academics:

Has your child attended a daycare or preschool previously?

What academic skills does your child already know?

What would you like your child to learn this year in preschool?

Thank you for entrusting your child with us and partnering with us to help your child grow! Your child's education and faith development is an investment that will have a lifelong impact that can have ripple effects for generations. We appreciate your partnership!

The cost to educate a child at St. John is over \$6,000 per child. However, St. John Lutheran Church is committed to working with other congregations, and when necessary, providing scholarships to pay the difference between registration fees and the actual cost to educate ensuring a Christ-centered education is affordable for all families.

Circle your preschool class preference below.

3 Day Morning Preschool Mon/Tues/Wed 8:00 a.m. – 11:15 a.m. \$1525/ year (Mrs. Nelson @ St. John ELC)	4 Day Morning Preschool Mon/Tues/Wed/Fri 8:00 a.m. – 11:15 a.m. \$1975/ year (Miss Rave @ St. John School)	5 Day Afternoon Preschool Mon-Fri 12:00 p.m. – 3:15 p.m. \$2370/ year (Miss Rave @ St. John School)
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Families must be enrolled in FACTS or have all fees paid in full before the first day of school.

Additional Financial Aid

Need-based scholarship programs are available to our school families:

- St. John Scholarship Fund
 - Lawson Walz Memorial Scholarship Fund
- } (\$29,250 awarded to St. John families in the last 2 years)

Beginning the 2023-24 school year, St. John is offering an additional \$100 scholarship per student to all St. John Church families. These families are contributing financially to the school above and beyond registration fees via their tithe to the church.

Please check this box if you are a member of St. John Lutheran Church in Battle Creek, already contribute financially to support the school and would like to receive the \$100 scholarship per student on your registration fees due in August.

We never want finances to stand in the way of a child receiving a Christ-centered education. If you feel the pre-enrollment fee will be a hardship for your family, please contact Mr. Onnen. Thank you for allowing St. John Lutheran School to partner with you to educate your child and assist you in the development of his/her faith in our loving Savior, Jesus Christ!

Registration Information

An application fee is required with this form. Fees are calculated per child and should be made payable to St. John Lutheran School. Applying early helps with the planning and budgeting process. Thus, applications received before April 1st receive a \$50 discount.

It is between February 1—March 31, and I have enclosed a \$50 application fee.

It is between April 1—August, and I have enclosed a \$100 application fee.

All families will be contacted **after April 1st** with class placement.

If a student is not admitted, registration fees for that student will be refunded.

*New children only – A copy of your child’s **updated immunization record and certified birth certificate** (from Department of Health & Human Services) must be provided prior to the start of school.

Please sign that you certify the above information is correct to the best of your knowledge.

Parent Signature _____ Today’s Date _____

*Please note that by signing this form, you are indicating responsibility for tuition and fees. Inform the office of any special circumstances when submitting this form.

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Office Use Only

Date Application Received _____

Reg. Fee Check # _____ Amount _____

Birth Cert. _____ Imm. Rec. _____

Date of Withdrawal _____ Reason _____