



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

Of which congregation are you a member? _____

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

Father

Name _____

Address _____

Phone _____

Employer _____

Work Phone _____

Marital Status: (circle those that apply)

Married Single Separated Divorced Other ____

Mother

Name _____

Address _____

Phone _____

Employer _____

Work Phone _____

Marital Status: (circle those that apply)

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?

Registration Information

*A **non-refundable \$50 registration** fee is required with this form. Registration fees are calculated per child and should be made payable to St. John Lutheran School.

*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.**

Circle preschool class preference below.

<p>4 Day Morning Preschool Mon/Tues/Wed/Fri 8:00 a.m. – 11:15 a.m. \$1500/ year</p>

<p>5 Day Afternoon Preschool Mon-Fri 12:00 p.m. – 3:15 p.m. \$1875/ year</p>
--

*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.

Office Use Only

Date Application Received _____

Reg. Fee Check # _____ *Amount* _____

Birth Cert. _____ *Imm. Rec.* _____

Date of Withdrawal _____ *Reason* _____