

St. John Lutheran School  
655 Wayne Ave.  
Defiance, OH 43512  
419-782-1751

Office use only:  
Date Received \_\_\_\_\_  
App. Fee \_\_\_\_\_

**PRESCHOOL APPLICATION FORM 2010-2009**  
A separate form must be completed for each child to be enrolled.

Child's Name (first, Last and middle initial) \_\_\_\_\_ Name to be called \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_ Baptism Anniversary date \_\_\_\_\_  
Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_  
Sex: Male Female Place of Birth \_\_\_\_\_  
Racial Designation  
\_\_\_\_Black \_\_\_\_White \_\_\_\_Hispanic \_\_\_\_Asian/Pacific Islander \_\_\_\_American Indian/Alaskan Native  
**(Please note:** The form we fill out for the Federal government does not offer an "Other" or "Mixed" choice for racial heritage. You must choose one of the options above. Other forms do allow that choice. Mark here if you prefer "Other" or "Mixed" to be used on other forms. \_\_\_\_Please use "Other" or "Mixed" when possible)

**FAMILY INFORMATION: (Please fill in any information different from the child)**

Marital Status: \_\_\_\_Single \_\_\_\_Married \_\_\_\_Separated \_\_\_\_Divorced  
If separated or divorced, describe custodial rights \_\_\_\_\_

**Please Note:** St. John requires a complete copy of court orders to be able to legally carry out custodial parent/noncustodial parent requirements of the court.

**Father's** Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_  
Workplace and phone number \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_  
Workplace and phone number \_\_\_\_\_

**Stepparent** (\_\_\_\_Father, \_\_\_\_Mother) Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_ Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

**Stepparent** (\_\_\_\_Father, \_\_\_\_Mother) Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_ Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

**CLASS PREFERENCE:** Class placement is determined by :  
•Date of application  
•The number enrolled in each class  
•The boy/girl ratio of the class.  
See handbook for class size limitations

\_\_\_\_2 yr. old Grownup & Me **Friday AM** 9:00 - 11:00 (Requires adult be present during each class time--See handbook for details)

**PLEASE INDICATE FIRST AND SECOND CHOICE.**

\_\_\_\_3 yr. old **Mon. & Wed. AM** 8:45 - 11:15      \_\_\_\_3 yr. old **Tue. & Thurs. AM** 8:45 - 11:15  
\_\_\_\_3 yr. old **Mon. & Wed. PM** 12:45 - 3:15      \_\_\_\_3 yr. old **Tue. & Thurs. PM** 12:45 - 3:15

**CLASS PREFERENCE: 4 YR. OLDS - PLEASE INDICATE FIRST AND SECOND CHOICE.**

\_\_\_\_\_ 4 yr. old      Monday-Wednesday-Friday AM      8:45-11:15  
\_\_\_\_\_ 4 yr. old      Monday-Wednesday-Friday PM      12:45-3:15  
\_\_\_\_\_ 4 yr. old      Tuesday & Thursday AM      8:45-11:15  
\_\_\_\_\_ 4 yr. old      Tuesday & Thursday PM      12:45-3:15

**GENERAL HEALTH INFORMATION:**

Please list any allergies your child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other medical or health needs your child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor, Address , Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Dentist, Address, Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION:**

Please list any special problems or fears experienced by your child \_\_\_\_\_  
\_\_\_\_\_

Please list your child's interests: \_\_\_\_\_  
\_\_\_\_\_

Please list brother's/sister's & ages \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I have read the policies of St. John Lutheran Preschool as stated in the handbook and wish to enroll my child (Initial) for the 2010-11 school year. I have attached the appropriate nonrefundable application fee.

Father Signature _____	Date _____
Mother Signature _____	Date _____
<b>(In cases of SHARED CUSTODY both parents must sign and date this form)</b>	

St. John Lutheran School admits students of every race, color, gender, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, admissions policies, athletic or other school administered programs.

Do not sign below this line. Office use.

<b>Approval of School Administrator</b> _____	<b>Date</b> _____
(Signature)	

**SPECIAL PERMISSION AUTHORIZATION  
ST. JOHN LUTHERAN SCHOOL**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I (**do, do not**) give permission to publish my child's name, address, and telephone number in any directory created for distribution among the school families. Possible uses of these names include addresses for birthday parties, phone numbers for calling other families, for calling for volunteers, etc.

I (**do, do not**) give permission for my child's picture to be placed in the Crescent-News or other publications.

I (**do, do not**) give permission for my child's picture and schoolwork to be displayed in school/church publications and internet web page. No names or addresses will be published here.

**Special note: Your child's picture will be placed in the school year book unless we receive notification in writing that you do not grant permission for this.**

Father Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

(In cases of SHARED CUSTODY both parents must sign and date this form)