

St. John Lutheran School 2020 -2021 Preschool Registration Form

Office use only:
Date Received: _____
App. Fee _____

Student Information

Student Name: _____
Last First Middle

Address: _____

City State ZIP Code

Home Phone: () _____ **Alternate Phone:** () _____

Parent e-mail Address: _____ **Church:** _____ **Denomination:** _____

Social Security Number: _____ **Gender:** _____

Birth Date: _____ **Age Next Fall:** _____ **Race:** _____

Baptism Date: _____ **Church Where Baptized:** _____ **School District:** _____

Birthplace: _____ **Adopted:** _____

Parent Information

Father's Name/Address: _____

Father's Employer/Occupation: _____ **Father's Work Phone:** () _____
Cell Phone: () _____

Name of Church where member: _____ **Denomination:** _____

Mother's Name/Address: _____

Mother's Employer/Occupation: _____ **Mother's Work Phone:** () _____
Cell Phone: () _____

Name of Church where member: _____ **Denomination:** _____

Stepparent Information: _____ **Work Place:** _____

Parental Marital Status: _____ **If divorced, child is in the custody of which parent:** _____

Text Messaging-I would like to receive text messages from SJL's Fast Direct System Yes No **Provider** **Fees from your provider may apply.*

Health/Emergency Information

Emergency Contact: () _____ **Relationship to student:** _____

Emergency Contact: () _____ **Relationship to student:** _____

Emergency Contact: () _____ **Relationship to student:** _____

Medical Insurance: _____

Physician: _____ **Office Phone:** () _____

Dentist: _____ **Office Phone:** () _____

Significant Medical History (Surgery, Seizures, Diabetes, Asthma, Other) _____

Current Medications: _____ **Allergies:** _____

Chronic Physical Problems: _____

History of Hospitalization: _____

Health Information Continued

Diseases this child has had: _____

Medications, Food Supplements, Modified Diet or Fluoride Supplements: _____

In case of an emergency when parents cannot be reached, I hereby give my permission to the St. John Lutheran School representative to obtain proper medical attention.

Date: _____ Parent Signature: _____

Family Information

List of Persons to whom this child can be released: (Please Print) _____

List of Persons not permitted to pick up this child: (Please Print) _____

	Restraint or Custody Papers or Divorce decree attached	
	Yes	No
	Restraint or Custody Papers or Divorce decree attached	
	Yes	No

Please list brother's/sister's & ages: _____

CARE GRANT REQUEST

_____ (family name) would like to receive funding through the CARE GRANT fund. I will be filing out the CARE GRANT application by the May 22, 2020, deadline.

Class Preference

Class placement is determined by date of application, the number enrolled in each class, and the boy/girl ratio of the class.

Place a check mark in the box to the left of the class for which you are registering.

2-Year Old Grown Up & Me – Friday AM 9:00 - 11:00 (Requires an adult to be present during class time)

Please indicate first and second choice.

<input type="checkbox"/> 3 & 4 YEAR OLD PRESCHOOL - 3 DAY Half day (Mon.-Wed.- Fri.) 8:30 – 11:30 a.m.	<input type="checkbox"/> 3 & 4 YEAR OLD PRESCHOOL - 5 DAY HALF DAY (Mon.- Fri.) 8:30 – 11:30 a.m.
<input type="checkbox"/> 3 & 4 YEAR OLD PRESCHOOL - 3 DAY Full Day (Mon.-Wed.- Fri.) 8:30 – 3:00 p.m.	<input type="checkbox"/> 3 & 4 YEAR OLD PRESCHOOL - 4 DAY Full Day (Tues.- Fri.) 8:30 – 3:00 p.m.
<input type="checkbox"/> 3 & 4 YEAR OLD PRESCHOOL - 5 DAY Full Day (Mon.- Fri.) 8:30 – 3:00 p.m.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Signature

The appropriate nonrefundable application fee should accompany this form.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

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

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 to 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.

Approval of School Administrator _____ Date: _____

Signature