

# St. John Lutheran School 2022-2023 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:** ( ) \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Age Next:** \_\_\_\_\_ **Caucasian** **Native American** **Black** **Asian**

**Birth Date:** \_\_\_\_\_ **Fall:** \_\_\_\_\_ **Race:** **Hispanic** **Multi-Ethnic** **Other**

**Baptism** **Church** **School District:** \_\_\_\_\_  
**Date:** **Where** **Birthplace:** \_\_\_\_\_ **Adopted** **Yes** **No**

## Parent Information

**Father's Name:** \_\_\_\_\_

**Father's Address:** \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_ **Father's Work Phone:** ( ) \_\_\_\_\_

**Father's Occupation:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Father's e-mail Address:** \_\_\_\_\_

**Name of Church where member:** \_\_\_\_\_ **Denomination:** \_\_\_\_\_

**Parental Marital Status:** **Single** **Married** **Separated** **Divorced** **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.*

**Mother's Name:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Mother's Work Phone:** ( ) \_\_\_\_\_

**Mother's Occupation:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Mother's e-mail Address:** \_\_\_\_\_

**Name of Church where member:** \_\_\_\_\_ **Denomination:** \_\_\_\_\_

**Parental Marital Status:** **Single** **Married** **Separated** **Divorced** **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.*

**Stepparent Information:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Health/Emergency Information

**Emergency Contact:** ( ) \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

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**Medical Insurance:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Office Phone:** ( ) \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Office Phone:** ( ) \_\_\_\_\_

**Significant Medical History (Surgery, Seizures, Diabetes, Asthma, Other)** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Chronic Physical Problems:** \_\_\_\_\_

## Health Information Continued

History of Hospitalization: \_\_\_\_\_

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 April 29, 2022 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.

<input type="checkbox"/>	2 Year Old Grow Up & Me- Friday 9:00 – 11:00 AM	
<input type="checkbox"/>	3 YEAR OLD PRESCHOOL - 2 DAY Half Day AM (Tues.-Thurs.) 8:30 – 11:30 a.m.	<input type="checkbox"/>
<input type="checkbox"/>	3 YEAR OLD PRESCHOOL - 3 DAY Half Day AM (Mon.-Wed.- Fri.) 8:30 – 11:30 a.m.	<input type="checkbox"/>
<input type="checkbox"/>	3 YEAR OLD PRESCHOOL - 5 DAY Half Day AM (Mon.- Fri.) 8:30 – 11:30 a.m.	<input type="checkbox"/>
<input type="checkbox"/>		4 YEAR OLD PRESCHOOL - 5 DAY Half Day AM (Mon.- Fri.) 8:30 – 11:30 a.m.
<input type="checkbox"/>		4 YEAR OLD PRESCHOOL - 3 DAY Half Day PM (Mon.-Wed.-Fri) 12:30 – 3:30 p.m.

## Photo Release

By signing this form I agree to have my child photographed which may be used in the yearbook, school/church newsletters, website, social media, etc... If I do not agree to have my child photographed (other than the school yearbook), I will submit to the school office by the first day of school a letter including the following: 2022-2023 School Year, statement saying you do not want your child photographed, your child(ren)'s name(s) and grade(s), your printed name, date and a signature.

## Signature

\*\*\*The appropriate nonrefundable application fee must 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