

\$160 – 2-Day Pre-Kindergarten \_\_\_\_\_  
\$210– 3 Day Pre-Kindergarten \_\_\_\_\_  
\$265 – 4 Day Pre-Kindergarten \_\_\_\_\_  
\$320 – 5 Day Pre-Kindergarten \_\_\_\_\_  
\$70/Fee for Registering Paid \_\_\_\_\_

**ENROLLMENT FORM**  
**For St. John’s Lutheran Pre-Kindergarten**

Child’s Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Name child goes by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

Does child attend Church? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

Does child attend Sunday School? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

Does the child suffer from any physical problems? (e.g. allergies, diabetes, etc?)

Please identify \_\_\_\_\_  
\_\_\_\_\_

Child favors which hand? \_\_\_\_\_

**Father**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Where Employed: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Member of Church? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Where? \_\_\_\_\_  
Email address: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Where Employed: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Member of Church? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Where? \_\_\_\_\_  
Email address: \_\_\_\_\_

<u>Other Children In the Family</u>	<u>Birthdate</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____

**Name of persons authorized to take your child from the school.** (Child will not be allowed to leave with any other person without authorization from the responsible parent or guardian).  
\_\_\_\_\_

**Name of person authorized to take responsibility for your child if you cannot be reached in case of an emergency:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear of our Pre-Kindergarten Program? \_\_\_\_\_  
\_\_\_\_\_