

St. John's Preschool Registration (2026 – 2027)

Child's name: _____

Mother's name: _____ Phone #: _____

Mother's Email: _____ Work #: _____

Father's name: _____ Phone #: _____

Father's Email: _____ Work #: _____

Child's date of birth: _____ Age as of 9/1/26: _____ yrs. _____ months

Home address: _____

Choose the appropriate class for your child.

_____ Monday & Wednesday from 8:00 – 11:00 **Tuition - \$225 per month** (September-May).

_____ Tuesday & Thursday from 8:00 – 11:00 **Tuition - \$225 per month** (September-May).

_____ Monday/Tuesday/Wednesday/Thursday from 8:00-11:00 **Tuition - \$400 per month**
(September-May).

*Note: Children's placement in classes will depend on the number and ages of children enrolling for this school year. Classes offered are subject to change, to allow for all children enrolled the opportunity to attend. We will verify class placement with you, once registration is closed.

Choose the drop off time and pick up time that best meets your needs

Drop off time: 7:15 7:30 7:45 8:00 Pick up time: 11:00 11:15 11:30 4K Bus

TO RESERVE A SPOT FOR YOUR CHILD, please return this completed form along with the \$100.00 registration fee: [check # _____] (or) cash _____] as soon as possible.

Please sign below, indicating your understanding that the \$100.00 registration fee is a one time, per year, per child non-refundable fee

Name: _____ Date: _____

May we ask how you heard about St. John's Preschool? [primary source]

Newspaper Poster Internet Word-of-Mouth Social Media Other source

Are you aware of any other families in the area who may be interested in receiving information about St. John's Preschool? If so:

Their names: _____ Phone #: _____

Additional People Authorized to Pick up My Child from Preschool

Name

Relationship to Child

Phone

Parent Volunteer

Are you available to volunteer at the preschool during the year? Yes No

If so what are your days and time that you are available?

If helping in the classroom, what activities are you most comfortable with (ex. Reading, free-time, art, etc.)?

Dear Parents/Guardian,

Throughout the course of our school year, your child may be photographed/videoed during the day or during preschool events I do { } do not { } give permission to St. John's Preschool to use photographs and videos of my child: _____ a minor, for publication on the classroom website. I understand that my child's name/telephone number are for St. John's Preschool records only, and any personal information, excluding first name, will not be released to anyone without my permission.



Parent or Guardian Signature: _____

Printed Name: _____

Child's Name: _____

Date Signed: _____

Child History Form

Child's Full Name: _____

Name or Nickname child prefers to be called: _____

*This is the name that will be printed on their nametag, locker, bulletin board, ect. _____

Father's Occupation: _____

Business Name: _____ Working hours and days _____

Work or cell phone: _____

Mother's Occupation: _____

Business Name: _____ Working hours and days _____

Work or cell phone: _____

Social Development:

Has your child had previous daycare experience? YES NO

If yes, How long? _____

Home Environment:

Status of parents (circle one): Married Living together Separated

Do I share time between homes? Yes No If yes, please explain what this looks like

Who lives with me? Please include ages of siblings

Other Information:

Which hand does your child use for coloring, eating, etc.? Right Left Both

What do you hope for your child to gain at St. John's Lutheran Preschool?

Emotional and behavioral characteristics, circle all that apply:

calm	quiet	aggressive	happy	stubborn	clingy	independent
cooperative	passive	strong willed	timid	fearful	very social	overly sensitive
listens well to adults	easily excited	Easily Angered	wants their way	has imaginary friends	gets along well with other children	seems to have trouble seeing
seems to have trouble hearing	speech is difficult to understand					

Which behaviors or characteristics present the most challenges at home?

Frequent stomachaches, earaches, body aches, headaches or other?

Is there anything you would like to tell us about your child's temperament (what calms them, what frustrates them, what are they fearful of)?

How do you feel your child learns about the world around them (example: fearless – tries everything in sight or cautious – approaches their world slowly and cautiously)?

Traditions and Family Values:

Please share your families holiday traditions or holidays you do not participate in...

Share any non-traditional holidays or customs your family observes.

What is the most important thing we should know about your child?
