

ST. JOHN'S EARLY LITERACY PRESCHOOL

2018-2019 REGISTRATION FORM

CHILD _____ DOB: ____/____/____

First Name Middle Name Last Name

GENDER: M / F

Email Address: _____

For Office Use Only:	
Registration Date: ✓ _____ \$	_____
Given Physical/Immunization Forms	_____
Parent Letter Sent	_____

CLASS SELECTION

☆ **3's/4's CLASS**
Tuesday/Thursday Mornings
 (Born between Aug. 2014 & July 2015)

8:30-11:30

☆ **4's/5's Pre-K a.m. CLASS**
Monday/Wednesday/Friday Mornings
 (Born between August 2013 & July 2014)

8:30-11:30

☆ **3's/4's/5's Multi-age p.m. CLASS**
Mon/Tues/Wed/Thurs Afternoons
 (Born between August 2013 & July 2015)

12:30-3:30

CHILD _____

DOB: ____/____/____ GENDER: M F

ADDRESS _____

HOME PHONE (____) _____

CITY _____

STATE _____ ZIP CODE _____

LEGAL GUARDIAN

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Place of Employment: _____

Place of Employment: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

For Office Use Only: TTh-AM MWF-AM MTWTh-PM

S
J
E
L
P

Continued on reverse side . . .

MEDICAL INFORMATION

My child has: Food Allergies Other Allergies (to medications or substances) Dietary Restrictions

Other Physical/Medical Conditions/Limitations that we should be aware of or make accommodations for during the normal course of the preschool day

Is your child on any long-term medication? Yes No

If you answered “Yes” to any of the above questions please provide any additional information that would help us better care for your child during preschool hours.

PERSONS AUTHORIZED TO PICK UP CHILD/EMERGENCY CONTACTS (OTHER THAN legal guardians)

☆ Name: _____ Phone: _____ Relationship to Child: _____

☆ Name: _____ Phone: _____ Relationship to Child: _____

☆ Name: _____ Phone: _____ Relationship to Child: _____

☆ Name: _____ Phone: _____ Relationship to Child: _____

☆ Name: _____ Phone: _____ Relationship to Child: _____

SIGNATURE(S) OF LEGAL GUARDIAN(S)

_____ DATE ____/____/____

_____ DATE ____/____/____