

ST. JOHN'S EARLY LITERACY PRESCHOOL

2019-2020 REGISTRATION FORM

CHILD _____ DOB: ____ / ____ / ____

First Name Middle Name Last Name GENDER: M / F

Email Address: _____

For Office Use Only:
Registration Date: ✓# _____ \$
_____-_____-_____
Parent Letter Sent
_____-_____-_____

CLASS SELECTION

- ☆ **3's/4's CLASS**
T/Th Mornings \$120/mo.
(Born bet. 08/15 & 07/16)
 8:30-11:30
- 4's/5's Pre-K a.m. CLASS**
M/W/F Mornings \$160/mo.
(Born bet. 08/14 & 07/15)
 8:30-11:30
- 3's/4's/5's p.m. CLASS**
M/T/W/Th Afternoons \$180/mo.
(Born bet 08/14 & 07/16)
 12:30-3:30
- 3's/4's/5's p.m. CLASS**
M/W Afternoons \$120/mo. T/Th Afternoons \$120/mo.
(Born bet 08/14 & 07/16)
 12:30-3:30

S
J
E
L
P

CHILD'S ADDRESS _____ HOME PHONE (____) _____

CITY _____ STATE _____ ZIP CODE _____

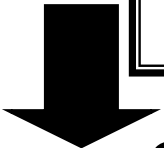
LEGAL GUARDIAN

Name: _____
Relationship to Child: _____
Place of Employment: _____
Occupation: _____
Work Phone: _____
Cell Phone: _____

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Name: _____
Relationship to Child: _____
Place of Employment: _____
Occupation: _____
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Cell Phone: _____

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



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: _____

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

SIGNATURE(S) OF LEGAL GUARDIAN(S)

_____ DATE ____/____/____

_____ DATE ____/____/____