

**ST. JOHN'S EARLY LITERACY PRESCHOOL MINISTRY****2022-2023 REGISTRATION FORM**

**CHILD** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name Middle Name Last Name **GENDER: M / F**

**Email Address:** \_\_\_\_\_

**CHILD'S ADDRESS** \_\_\_\_\_ **HOME PHONE ( \_\_\_\_\_ )** \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**LEGAL GUARDIAN**

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

**LEGAL GUARDIAN**

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

**MEDICAL INFORMATION** My child has:  Food Allergies  Other Allergies (medications/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/childcare 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: \_\_\_\_\_

**LEGAL GUARDIAN(S)**

_____	_____	DATE ____/____/____
Printed Name	Signature	
_____	_____	DATE ____/____/____
Printed Name	Signature	

**Continued on reverse side . . . **

## ENROLLMENT OPTIONS

### OPTION #1 – CHILDCARE + PRESCHOOL (Choose 1)

1<sup>ST</sup> CHILD

2<sup>ND</sup> CHILD

- |                          |   |                       |             |            |
|--------------------------|---|-----------------------|-------------|------------|
| <input type="checkbox"/> | MTWTF AGES 3 to 5 PRESCHOOL/PRE-K + CHILDCARE | 7:30 a.m. – 5:30 p.m. | \$175/week  | \$155/week |
| <input type="checkbox"/> | MWF AGES 3 to 5 PRESCHOOL/PRE-K + CHILDCARE   | 7:30 a.m. – 5:30 p.m. | \$150/week. | \$130/week |

### OPTION # 2 – PRESCHOOL ONLY (Choose 1).

1<sup>ST</sup> CHILD

2<sup>ND</sup> CHILD

- |                          |               |                         |                      |             |             |
|--------------------------|---------------|-------------------------|----------------------|-------------|-------------|
| <input type="checkbox"/> | MTWTF MORNING | 3 to 5 PRESCHOOL/PRE-K. | 9:00 a.m. – 12:00 pm | \$225/month | \$210/month |
| <input type="checkbox"/> | MWF MORNING   | 3 to 5 PRESCHOOL/PRE-K  | 9:00 a.m. – 12:00 pm | \$200/month | \$180/month |

**Do not write below this line. This section is FOR OFFICE USE ONLY.**

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First Day of Class \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ Registration Form

\_\_\_\_ Supplementary Information Form

\_\_\_\_ Immunization Form

\_\_\_\_ Physical Form

\_\_\_\_ Parent Notice Form

\_\_\_\_ Multiple Consent Form

\_\_\_\_ Tuition and Fees Agreement

\_\_\_\_ Can be photographed? \_\_\_\_ Yes \_\_\_\_ No

Background Check

\_\_\_\_

\_\_\_\_

\_\_\_\_