

**ST. JOHNS PRESBYTERIAN KINDERGARTEN
& Preschool 2024-2025
Registration Form**

CHILD'S FULL NAME _____ BOY _____ GIRL _____
BIRTHDATE _____ NAME CHILD CALLED _____
CHILD LIVES WITH _____
SIBLING'S NAMES & AGES _____
MOTHER'S NAME _____
ADDRESS _____ ZIP _____
CELL PHONE _____ WORK PHONE _____
OCCUPATION _____ PLACE OF BUSINESS _____
E-MAIL ADDRESS _____
FATHER'S NAME _____
ADDRESS _____ ZIP _____
CELL PHONE _____ WORK PHONE _____
OCCUPATION _____ PLACE OF BUSINESS _____
STEP PARENT _____
ADDRESS _____ ZIP _____
CELL PHONE _____
OCCUPATION _____ PLACE OF BUSINESS _____
PEDIATRICIAN _____ PHONE _____
PREVIOUS PRESCHOOL ATTENDED _____
IF YOU ATTEND CHURCH, WHERE? _____

Please choose 2 emergency contacts other than you and your spouse who can pick your child up if we cannot reach you. *We will always call the parents first.*

EMERGENCY CONTACT NUMBERS:

1. _____ PHONE _____
RELATIONSHIP: _____
2. _____ PHONE _____
RELATIONSHIP: _____

Does your child suffer from allergies or chronic illness? _____
If yes, explain: _____
Does your child take medication on a regular basis? _____
If yes, explain: _____

One Year Old Enrollment 2024-2025

Children must be one year old by September 1st

These hours are 8:45-12:30

Registration Fee is ***\$50 per day signed up.***

This fee is non-refundable and due at registration.

Circle days wanted:

M	T	W	H	F
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Monthly Fee Schedule for 10 months:

5 days a week \$473

3 days a week \$325

2 days a week \$225

1 day a week \$115

We are offering Extended Care for Ones.

It is offered 8:45-4:00 and requires your child being signed up for the whole week.

Registration Fee is \$250 and due at registration.

Monthly Tuition for 10 months: \$888

My child will participate in Extended Care:

4:00 PICK UP

I understand that I am responsible for my child for the entire school year. Unforeseen or emergency circumstances that arise may be discussed with the Director. Tuition that is one month past due will result in forfeiture of class place.

I have read and agree to the tuition obligation.

Parent (s) Signature. _____

Date _____