

**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: \_\_\_\_\_

## Classes & Enrollment 2024-2025 SJPK School Year

Please check the box at the bottom of the class listing that is applicable to your child.

<u>TWOS</u>	<u>THREES</u>	<u>PRE-K FOURS</u>
<p>Children who are two by September 1, 2024; this class meets two, three or five days per week.</p> <p><b>You may choose 2, 3 or 5 days.</b></p> <p style="text-align: center;"><u>2 days:</u> Tuesday/Thursday</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><u>3 days:</u> Mon / Wed / Fri</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><u>5 days:</u> Monday - Friday</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Children who are three by September 1, 2024; this class meets two, three or five days per week (children in 3, &amp; 4 yr. old classes must be toilet trained).</p> <p><b>You may choose 2, 3 or 5 days.</b></p> <p style="text-align: center;"><u>2 days:</u> Tuesday/ Thursday</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><u>3 days:</u> Mon / Wed / Fri</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><u>5 days:</u> Monday - Friday</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Children must be four by September 1, 2024; these classes meet five days a week with a three day option.</p> <p style="text-align: center;"><u>3 days:</u> Mon / Wed / Fri</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><u>5 days:</u> Monday - Friday</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><i>*It is strongly recommended Pre-K students attend 5 days to get the full benefit of our curriculum as we strive for kindergarten readiness.</i></p>

**MY CHILD WILL PARTICIPATE IN EXTENDED CARE:**

4:00 PICK UP	5:30 PICK UP	EARLY ARRIVAL 7:30-8:45
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### TUITION RESPONSIBILITY

The Registration and Supply Fee of \$200 is due at the time of registration.  
**THIS FEE IS NOT REFUNDABLE.**

I understand that I am responsible for tuition fees for my children 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 \_\_\_\_\_

*SJPK admits students of any race, color, creed, sex, national or ethnic origin.*