

St. John's Preschool Registration Form

Student's Name: _____

Last

First

Middle

Address: _____

City

Zip Code

Phone Number: _____

Home Number

Cell Number

Work Number

Email Address: _____

Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Marital Status (circle one): Married Single Divorced Remarried

Baptized (circle one): Yes No

Please check one:

_____ Member of a Wisconsin Evangelical Lutheran church (WELS) or Evangelical Lutheran church (ELS)

_____ Member of a Missouri Synod Church

_____ We already have a church family other than WELS, ELS, or Missouri Synod church

_____ We are searching for a church family

Please check one:

My child will be attending preschool full time. (8:15-3:15)

Check which days:

Monday Tuesday Wednesday Thursday Friday

My child will be attending preschool part time. (8:15-11:30)

Check which days:

Monday Tuesday Wednesday Thursday Friday

Latchkey Program

Our Latchkey program will run before school from 7:00-8:00 and after school from 3:20-5:30. The charge will be \$5 for anything over a half hour and \$2.50 for anything less than a half hour. Payment for this program will be paid on a weekly basis to the person that does the Latchkey supervising.

If you plan on using this program please indicate which days and time.

AM 7:00-8:00 PM 3:20-5:30

Monday Tuesday Wednesday Thursday Friday