

ST. JOHN'S LUTHERAN PRESCHOOL

"Reaching, Teaching, and Sharing the Gospel"

ENROLLMENT FORM 2021/2022 ACADEMIC YEAR

In consideration of the acceptance of this Enrollment Form by St. John's Lutheran School, the undersigned wishes to enroll the following named students in the **ST. JOHN'S LUTHERAN PRESCHOOL**, and agrees to the following terms and conditions.

- **SCHOOL MISSION AND VISION:** I understand and support the purpose of St. John's Lutheran School as stated in its Mission and Vision Statements:

MISSION: *Reaching, Teaching, and Sharing the Gospel*

VISION: SJLS exists as a Triune School (Families, Community, and Church/School) with three intrinsic values in mind: a firm *foundation* in **Christ**; the *highest quality* education; and a desire to utilize each person's gifts to glorify their Lord and Savior and to work with unity of purpose.

- **CHILD ENROLLED** I wish to enroll the following child/children in St. John's Lutheran Preschool:

NAME _____ GENDER M ___ F___ 3K___

NAME _____ GENDER M ___ F___ 3K___

- **BACKGROUND INFORMATION**

Name of Parents or Legal Guardian

Marital Status: Married ___ Widowed ___ Separated ___ Divorced ___

Other Children in Family _____

- **RULES & REGULATIONS** I understand that in signing this enrollment form, I am agreeing to accept the rules and regulations of St. John's Lutheran School as outlined in the Parent Handbook. I understand that the deadline for enrolling my child(ren) in St. John's 3K Program is August 13th, 2020. I will need to make my full payment or my first monthly payment on September 3rd, 2019.

- **NON- DISCRIMINATION** St. John's Lutheran Preschool admits children of any race, color, and national or ethnic origin.

- **PHOTOGRAPHS** I give permission for the use of photographs of my child in publications by St. John's Lutheran Church/School for promotional brochures and other materials for publicity and marketing. Please sign and date below.

X

- **PICK-UP AUTHORIZATION** I authorize the individuals named below to pick-up my child(ren) from Preschool at anytime with additional written notification or authorization:

NAME

PHONE

ADDRESS

ST. JOHN'S LUTHERAN PRESCHOOL

MEDICAL EMERGENCY CONSENT AND AUTHORIZATION

I am the parent or guardian of the child named and enrolled in St. John's Lutheran Preschool. In the event of an emergency involving my child, if reasonable efforts to reach me are unsuccessful and if in the opinion of a properly licensed and practicing physician, my child needs medical treatment which would otherwise require my consent, then St. John's, acting by and through its employee, is authorized to act as my agent to give authorization or consent for such treatment to my child. I release St. John's Lutheran Preschool and any doctor, hospital or other provider or such emergency medical or surgical services from any liability which may otherwise incur as a result of providing such services in reliance upon this Consent and Authorization. Any person or entity may rely upon a photocopy of this consent and Authorization as being effective and binding upon me as if it were an executed original.

Date: _____ Parent/Guardian _____

Insurance Carrier _____ Policy Number _____

Father's name _____ Home Ph. () _____

Home address (street, city, state, zip) _____

Business name _____ Bus. Ph. () _____

Business address (street, city, state, zip) _____

Mother's name _____ Home Ph. () _____

Home address (street, city, state, zip) _____

Business name _____ Bus. Ph. () _____

Business address (street, city, state, zip) _____

Emergency Contact (i.e. Friend/Relative)

1. Name _____ Relationship _____ Day Phone () _____

2. Name _____ Relationship _____ Day Phone () _____

Child's name _____ Grade _____ DOB _____

My child may take: _____

NOTE: ONLY NON-ASPIRIN MEDICATIONS GIVEN

My child is allergic to: _____

Other Comments: _____

Child's physician _____ Phone () _____

Physical Disabilities _____

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Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Ph. _____ Bus. Ph. _____ Home Ph. _____ Bus Ph. _____

Mobile Ph. _____ Mobile Ph. _____

E-Mail Address _____ E-Mail Address _____

Employer _____ Employer _____

Position _____ Position _____

Business Address _____ Business Address _____

CHURCH HOME _____ CHURCH HOME _____

STUDENT INFORMATION

2021/2022

Payment Plan (check one)

NAME _____

(Option A)

_____ Annual (\$500 Paid in Full)

(Option B)

_____ Monthly (\$50 per month for 9 months)

Birth Certificate Viewed in Office

Date of Baptism: _____

DOB: _____

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Student Name: _____

Please answer the following questions to better help us know more about your child.

List Preschool or Daycare your child has previously attended: _____
Date _____

What are some ways in which your child plays at home? _____

Does he/she play with children from other families? _____ How _____

Does he/she get his/her own way with other children? _____ If not how does he/she react? _____

Is the entire family together for any time during the day? _____

Eating Habits:

At what time does your child eat breakfast? _____ Lunch? _____ Supper? _____

Between meal snacks? _____ Does he/she feed him/herself? _____

What is your child's general attitude towards eating? _____

If your child refused to eat, how is this handled and by whom? _____

Favorite Foods _____

Disliked Foods _____

Sleeping Habits:

Has room alone _____ Shares with other children _____ Rooms with parents _____

At night, sleeps from _____ to _____ Average hours _____

Naps from _____ to _____ Average Hours _____

Attitude toward going to bed _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed? _____

Does he/she wet the bed? _____

If so, how is the problem handled? _____

Toilet Habits:

Does your child take him/herself to the bathroom? _____

Does he/she tell you when he/she needs to go to the toilet and go willingly? _____

Can he/she manage his/her own clothes at the toilet? _____

Is he/she potty trained? _____ Yes _____ No (Requirement for Admission)

Speech and Physical Growth:

Does your child talk well? _____ Fairly well? _____ Not very well? _____ Not at all? _____

Does anyone read to your child? _____ How regularly? _____

Please give us any other information you think we should have about your child _____
