

ST. JOHN'S EARLY LITERACY PRESCHOOL MINISTRY**2024-2025 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)

Printed Name

Signature

DATE ____/____/____

Printed Name

Signature

DATE ____/____/____

Continued on reverse side . . .

ENROLLMENT OPTIONS

Childcare +Preschool.

1st CHILD

2nd CHILD

<input type="checkbox"/> MTWTF Ages 3 to 5 Childcare + Preschool 7:30 am to 5:30 pm	\$175/weekly	\$155/weekly
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Preschool Only Option

<input type="checkbox"/> MTWTF Ages 3 to 5 Preschool Only 9 am to 12 pm	\$225/monthly	\$210/monthly
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Do not write below this line. This section is FOR OFFICE USE ONLY.

Date of registration ____ - ____ - ____

____ 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

Date withdrawn or last day ____ - ____ - ____