

Registration Form

In order to complete the application process, please return the completed form, signed tuition agreement and \$50.00/\$40.00 non-refundable registration fee to:

> St. John's Lutheran School 3607 45th St. • Two Rivers, WI 54241

APPLYING FOR:	□ 3	K (Monday	and Wedne	sday)					
	\$	40.00 non-re	efundable re	gistration	n fee				
		,	y, Tuesday, V efundable re		•	lay)			
Child'sName									
Nickname		F	Birth Date _	/	/	Gende	r M	F	
Child's Addres									
Mother's Name									
Mother's Address (if	different)_								
Phone	Cel	1	En	nail					
Employer's Name Ph	one#								
Father'sName									
Father's Address (if	different)								
Phone	Cel	1	E1	nail					
Employer's Name &	Phone #								
Parent's Marital Statu	ıs (please ci	rcle)	married	d	ivorced	S	single		
What is the custody's	tatus if divo	rced?							

Emergency Contact Person			phone
Relation of contact to family			
Known Allergies			
Is your child toilet trained?	YES	NO	
Briefly describe your child's person	onality		
Please describe any concerns you	ı may have reg	garding your chi	ld's development.
Are there any other specific conc	erns that the s	taff should be m	nade aware of?
(Circle one) (I give, I do not g child.	give) Little S	Sprouts PreK pe	ermission to publish photos of my
(Circle one) (I give, I do not information to be used in a direct		Sprouts PreK	permission to publish my contact
Do you have a church home? If yes, which church?	YES	NO	
Is your child baptized?	YES	NO	
	herefore, that	your signature	tives in addition to curriculum goals below affirms your support of our truction of your child.
Signature of Parent(s)			Date