

**ST. JOHNS PRESBYTERIAN KINDERGARTEN  
& PRESCHOOL  
2010-2011  
Registration Form**

CHILD'S FULL NAME \_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_

BIRTHDATE \_\_\_\_\_ NAME CHILD CALLED \_\_\_\_\_

CHILD LIVES WITH \_\_\_\_\_

SIBLING'S NAMES & AGES \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STEP PARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

WHAT CHURCH DO YOU ATTEND? \_\_\_\_\_ MEMBER? \_\_\_\_\_

PEDIATRICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS PRESCHOOL ATTENDED \_\_\_\_\_

Please choose 2 emergency contacts other than you and your spouse who can pick your child up if we cannot reach you.

We always try the mother first and then the father in an emergency.

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

**St. Johns Presbyterian Kindergarten  
& Preschool**  
www.sjpk.org  
**Classes & Enrollment**  
**2010-2011 SJPK School Year**

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

**MOTHERS MORNING OUT**

Children who are twelve months and walking may come one thru five mornings per week.

**Circle days:**

**M T W TH F**

*(Check here)*

**YOUNGER / OLDER TWOS**

Children who are two by September 1, 2010: this class meets two, three or five days per week.

**You may choose 2, 3 or 5 days.**

**2 days:**  
**Tuesday/Thursday**

**3 days:**  
**Mon / Wed / Fri**

**5 days:**  
**Monday - Friday**

**THREES**

Children who are three by September 1, 2010; this class meets two, three or five days per week (children in 3, & 4 yr. old classes must be toilet trained).

**You may choose 2, 3 or 5 days.**

**2 days:**  
**Tuesday/ Thursday**

**3 days:**  
**Mon / Wed / Fri**

**5 days:**  
**Monday - Friday**

**PRESCHOOL 1 & PRESCHOOL 2**

Children must be four by September 1, 2010; these classes meet three or five days a week.

**3 days:**  
**Mon / Wed / Fri**

**5 days:**  
**Monday - Friday**

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

**4: 00 PICK UP      6:00 PICK UP      EARLY ARRIVAL**

                                          

**TUITION RESPONSIBILITY**

The Registration and Supply Fee of \$150 or \$60 for Mother's Morning Out 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** \_\_\_\_\_