

## 4 Year Old Registration Form

**Your child must be 4 years old by September 1 or earlier.**

Place a number by every class indicating your preferences.  
*0 = Not an Option (Explanation Required on Back of Form), 1= 1<sup>st</sup> Choice, 2=2<sup>nd</sup> Choice, etc.*

**Morning Classes**

(8:45 a.m. – 11:15 a.m.)

MWF \_\_\_\_\_

TTF \_\_\_\_\_

MTWThF \_\_\_\_\_

**Afternoon Classes**

(12:30 – 3:00 p.m.)

MWF \_\_\_\_\_

MTWThF \_\_\_\_\_

**Child Information:**

Child's Full Name \_\_\_\_\_

Child's Name to be used \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Ethnicity \_\_\_\_\_

Primary Residence: Both Parents \_\_\_\_\_ Dad Only \_\_\_\_\_ Mom Only \_\_\_\_\_ Other \_\_\_\_\_

Previous Preschool Experience \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies/Food Restrictions/Other Special Needs \_\_\_\_\_

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**Parent/Guardian Information—complete both columns if applicable:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**\*IRS PROCEDURE 75-50 REQUIREMENT**

*The St. John's Lutheran Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.*