St. John's Lutheran Preschool 2477 W. Washington Springfield, IL 62702 (217)793-3934

| Date Received | |
|---------------|--|
| Check # | |
| Amount | |

4 Year Old Registration Form Your child must be 4 years old on or before August 31

Place a number by <u>every</u> class indicating your preferences.

 $0 = Not \ an \ Option \ (Explanation \ Required \ on \ Back \ of \ Form), \ 1 = 1^{st} \ Choice, \ 2 = 2^{nd} \ Choice, \ etc.$

*Any registration returned with only one choice will be returned to you and may delay placement.

| Morning Classes (8:45 a.m. – 11:15 a.m.) | | <u>Afternoon Cl</u> (12:30 – 3:00 | | |
|--|--------------------------|-----------------------------------|-------|--|
| MWF TTF **MTWThF | | MWF MTWThF | | |
| **Please see reverse side for information regarding the MTWTHF morning class | | | | |
| Child Information: Child's Full Name | | | | |
| Child's Name to be used | | | | |
| Date of Birth | *Ethnicity | | | |
| Primary Residence: Both Parents1 | Dad Only | Mom Only | Other | |
| Previous Preschool Experience | | | | |
| Home Church | | | | |
| Allergies/Food Restrictions/Other Special Needs | | | | |
| Parent/Guardian Information: *New families – MUST complete below inform *Returning families – please complete IF your | nation. | | | |
| Name | N | lame | | |
| Relationship | elationship Relationship | | | |
| Home Address | Address Home Address | | | |
| City | C | City | | |
| State/Zip | S | State/Zip | | |
| Home Phone | I I | Iome Phone | | |
| E-mail Address | E | E-mail Address | | |

^{*}IRS PROCEDURE 75-50 REQUIREMENT

Monday-Friday Morning Class

If our registrations exceed 20 we will open an additional 5 day class in the Blue Room.

Students will actually be enrolled in 2 different 4 year old classes
(MWF & TTF 4 year old morning classes), thus attending 5 mornings a week. These students will be given additional activities rather than repeating every paper, project and lesson.

Both of our 5 day classes follow the same curriculum guide.