

Toddler Registration Form

Your child must be 18 months by September 1.

Place a number by **every** class indicating your preferences.

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

Friday Mornings Only

____ 8:50-9:50am ____ 10:10-11:10am

****Each toddler class must have at least 5 students. If we do not have enough students for (2) classes, we will combine the classes into (1) class and it will meet from 8:50am-9:50am**

Child Information:

Child's Name _____ Male _____ Female _____

Child's Name to be used _____

Date of Birth _____ *Ethnicity _____

Primary Residence: Both Parents _____ Dad Only _____ Mom Only _____ Other _____

Allergies/Food Restrictions/Other Special Needs _____

I give St. John's Lutheran Preschool permission to apply the following topical to my child if needed:

sunscreen Neosporin

Parent/Guardian Information

*New families – MUST complete below information.

*Returning families - please complete IF your information has changed.

Name**(<i>see below</i>)	_____	Name	_____
Relationship	_____	Relationship	_____
Home Address	_____	Home Address	_____
City	_____	City	_____
State/Zip	_____	State/Zip	_____
Cell Phone	_____	Cell Phone	_____
E-mail Address	_____	E-mail Address	_____

****The person listed first will be the Primary Account Owner & will be responsible for all financial obligations.**

***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.