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

Date Received	
Check #	
Amount	

## 3 Year Old Registration Form Your child must be 3 years old on or before August 31

Place a number by *every* 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	Afternoon Classes
(8:30 a.m. – 11:30 a.m.)	(12:30-3:30  p.m.)
MW MTWThF TThF	TTh(combined 2.1/ % 2.veen olds)
MWF	TTh(combined 2 ½ & 3 year olds) MTWThF
TTh	<del></del>
Child Information: Child's Full Name	
	MaleFemale
Date of Birth	*Ethnicity
Primary Residence: Both Parents	Dad Only Mom Only Other
Previous Preschool Experience	· · · · · · · · · · · · · · · · · · ·
Home Church	
Allergies/Food Restrictions/Other Spec	cial Needs
I give St. John's Lutheran Preschool pe	ermission to apply the following topical to my child if needed:
□ sunscreen □ Neos	sporin
Parent/Guardian Information:  *New families – MUST complete below info *Returning families – please complete IF you	rmation.
Name**(see below)	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