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

Morning Classes

Date Received	
Check #	
Amount	

Afternoon Classes

## 2-1/2 Year Old Registration Form Your child must be 2 years old in March or earlier.

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

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

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

(8:30-11:30 a.m.)	(12:30 - 3:30 p.m.)
MW 2 TTh 2	TTh(combined 2 ½ & 3 year olds)
11112	
Child Information:	
Child's Full Name	
Child's Name to be used	MaleFemale
Date of Birth	*Ethnicity
Primary Residence: Both Parents	Dad Only Mom Only Other
Previous Preschool Experience	
Home Church	
	al Needs
I civio Ct. Iahm's I yethouan Duosahaal man	maission to amply the fellowing topical to may shild if needed.
	mission to apply the following topical to my child if needed:
<b>Parent/Guardian Information</b> *New families – MUST complete below inform *Returning families – please complete IF your	
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 A	Account Owner & will be responsible for all financial obligations.

<sup>\*</sup>IRS PROCEDURE 75-50 REQUIREMENT