

PRE-ENROLLMENT REGISTRATION FORM  
PRESCHOOL / PRE-K  
2006-2007

St. John's Lutheran School  
2415 Silas Creek Parkway  
Winston-Salem, NC 27103  
PHONE 725-1651  
school@stjohnsws.org

\_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP

**CHURCH MEMBERSHIP**

St. John's \_\_\_\_\_ Other \_\_\_\_\_

NAME OF CHILD(REN)	GRADE FOR FALL 2006

**REGISTRATION FEE**

\_\_\_\_\_ **ENCLOSED IS \$100 PER STUDENT REGISTRATION FEE**  
**(non-refundable, not applied to 2006-2007 tuition)**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE BY **June 2, 2006.**

\_\_\_\_\_ *No, we will not be returning to St. John's for 2006-2007 because....*