

APPLICATION FOR ENROLLMENT PRE-K READINESS PROGRAM

St. John's Lutheran School operates this program to prepare children to start Kindergarten. The class operates on the same calendar as St. John's Lutheran School. Extended Care is available as an option. Only children who are four (4) years old on or before August 1st of the current school year are eligible for this class. The class is five (5) days per week, Monday – Friday.

Name _____
Last First Middle Nickname

Street Address _____ Email _____

City _____ State _____ Zip _____

Home Telephone # (_____) _____ Social Security # _____

Date of Birth _____ / _____ / _____ Male Female Race/Ethnic Group _____
Month Day Year Circle One

Is child adopted? Yes _____ No _____

This child will be enrolling for: (check one)

_____ Half Day (M-F 8:30 am – noon) Tuition \$215 per month, Registration \$100, Activity Fee \$115

_____ School Day (M-F 8:30 am – 3:00 pm) Tuition \$415 per month, Registration \$100, Activity Fee \$115

_____ Full Day/Ext Care (M-F 7:00 am-6:00 pm) Tuition \$585 per month, Registration \$100, Activity Fee \$115
(with a 10 hour maximum)

*Lunch Bunch option: Half Day students stay until 1:00 pm-\$4 per day w/bag lunch and an extra charge for hot lunch.

*Lunch is provided with School Day and Full Day enrollment.

*Drop-in Option: \$6 per hour charge for extending half day and school day hours.

Where will child attend Church and Sunday School? _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Church Membership _____ Church Membership _____

Parents' Marital Status: _____ Married _____ Widowed _____ Single

_____ Separated _____ Divorced _____ Remarried

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other-please explain

Siblings living in the home:

Name _____ Date of Birth _____ / _____ / _____ Grade _____

Name _____ Date of Birth _____ / _____ / _____ Grade _____

Name _____ Date of Birth _____ / _____ / _____ Grade _____

How did you hear about our program? _____

EMERGENCY CARE INFORMATION

Health Insurance Carrier _____

Policy # _____ Group # _____

Name of Child's Physician _____ Office Phone # (____) _____

Office Address _____

Name of Child's Dentist _____ Office Phone# (____) _____

Office Address _____

Does the child have any known allergies? _____ Yes _____ No If yes, please explain _____

Does the child have physical handicaps _____ Yes _____ No If yes, please explain _____

I agree that St. John's School may authorize the physician of their choice to provide emergency care in the event that neither parents nor the child's physician can be contacted immediately.

Parent Signature _____ Date _____

The fee schedule for St. John's Preschool is as follows:

Registration fee: \$100 **Must accompany application**

Activity Fee: \$115 Due June 1, 2005

Monthly Tuition: Payable to school office 1st of each month* (No Discounts)

*Talk to Principal Rogers or Rose McMahan in school office to discuss options.

Name of person who will be fiscally responsible to pay all tuition charges:

Please mail or deliver this completed and signed application to:

St. John's Lutheran School
2415 Silas Creek Parkway
Winston-Salem, NC 27103

If this application is accepted, I (we) will abide by the educational and financial policies herein set forth and by the regulations and administration of the school as prescribed by constituted authorities. I also hereby give permission to have my (our) child accompany school groups on planned and supervised trips.

Signature of Parent(s)/Guardian(s) _____

Date _____

TO BE COMPLETED BY SCHOOL OFFICE

Date Application was received: ____/____/____ Response sent _____

Registration fee received? _____ Yes _____ No Check # _____ or Cash _____

Date of enrollment ____/____/____