

REGISTRATION FORM 2010 - 2011

St. John's Preschool
20275 Davidson Road
Brookfield, WI 53045
262-786-4298

FOR SCHOOL USE

Date Received: _____

Postcard Mailed: _____

Child's Full Name: _____ DOB: _____

What your child likes to be called: _____

Child's age on September 1, 2009: _____ yrs _____ months

Are you a member of St. John's Lutheran Church? Yes No

Mother's Name: _____ Child lives with __ yes __ no

Address: _____ City: _____ Zip: _____

Father's Name: _____ Child lives with __ yes __ no

Address: _____ City: _____ Zip: _____

Child's Home Phone: _____

Email Address: _____

Class Options:

Please place a check mark next to your choice.

_____ *Early 3's Program (2 1/2 - 3 yrs) (Mon/Wed 9:00 - 11:00 a.m.)*

_____ *Three-year-olds (Tuesday/Thursday 9:00- 11:30 a.m.)*

_____ *Kindergarten Readiness (Mon/Tues/Wed/Thurs 9:00 - 12:00 p.m.)*

There is a \$50.00 (\$35 if received by March 15th) non-refundable Registration Fee due with this form. Upon receipt of the form and fee your child's place on the class list will be secured, based on availability. If the class of your choice is full at the time your registration is received, you will be notified promptly and the registration fee will be refunded. We require a minimum of 8 children to offer a class. If a class does not meet the minimum, you will be notified and offered another class option no later than June 1st. All other enrollment forms and information will be mailed in July. Please feel free to call with any questions or concerns.

Revised 1/2010