



St. John Lutheran Preschool

**MISSION STATEMENT**

**St. John Lutheran School serves as a mission of our church to teach children the Word of God, instill discipleship, develop God-given talents, prepare for Christian citizenship, and proclaim the Gospel message.**

**ENROLLMENT FORM  
2011 - 2012**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ nick name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Can he be called at work? Yes  No

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Can she be called at work? Yes  No

Marital Status of Parents (circle one): Married Divorced Separated Never Married Remarried

Child lives with? (circle one): Both Parents Mom Dad Grandparents Other \_\_\_\_\_

Has the child been baptized? No  Yes  **date** and location: \_\_\_\_\_

Are parents members of St. John Lutheran Church Sherman Center? Yes  No

If no, parents' church affiliation: \_\_\_\_\_

I fully understand that religion is taught and that the doctrine is that of the Lutheran Church Missouri Synod. Yes  No

Where did you hear about us? \_\_\_\_\_

I would like my child to attend K-8<sup>th</sup> grade at St. John. Yes  No  Unsure

Names of Siblings:

Date of Birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PRESCHOOL CLASSES**

**8:30am until 11:15am**

Preschool begins September 6<sup>th</sup> .

(Circle one)

**3 year old preschool:            Tuesdays and Thursdays**

\$90 monthly due the last Friday of the month prior

\$22.50 weekly due the Friday prior

**4 year old preschool:            Mondays, Wednesdays and Fridays**

\$120 monthly due the last Friday of the month prior

\$30.00 weekly due the Friday prior

Registration fee (non-refundable): **\$35.00** (\$50.00 for two children)

The oldest child/ren in the family receives a **10% discount** when more than one child attends.

### **FINANCIAL COMMITMENT**

By signing this enrollment form, you, as the signing parent are personally accepting the responsibility for the timely and full payment of all registration fees, the materials fee and tuition for your child. If someone other than you is responsible for payment of all or any part of the fees or tuition for this child, then it is your responsibility to make arrangements, in advance, acceptable to the school before you will be released from personal liability for this obligation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD CARE

Childcare needed? (circle days needed):    Monday    Tuesday    Wednesday    Thursday    Friday

Approximate times needed: From \_\_\_\_\_ To \_\_\_\_\_

Start date: \_\_\_\_\_

### FEES

\$4.00 per hour (pre-scheduled)  
\$5.00 per hour (drop off)

**Full Day** = 6 or more hours a day  
Full Day: \$35.00/day  
Weekly \$140

**Before/After School Care** will be charged an hourly rate of **\$4.00** (1 hour minimum charge).

**Late Pick-Up:** (after 5:30 pm) a charge of **\$1.00 per minute per child is** payable at pick-up.

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_