

**St. John's Lutheran Church Early Childhood Center**  
**Two-Year Old 2018/19 Registration Form**  
**Child must turn two by December 1, 2018**

***Please check your program of choice:***

**\_\_\_ Tuesday/Thursday Program**

9:15am -11:15am (9:15am – 11:45am beginning in November)  
\$2,270 Annual/ \$227 per payment, 10 payments

**\_\_\_ Wednesday/ Friday Program**

9:15am -11:15am (9:15 am– 11:45am beginning in November)  
\$2,270 Annual/\$227 per payment for 10 payments

**\_\_\_ Monday Fun Day Program (9:15 – 11:45am beginning in November)**

\$665 Annual/ \$95 per payment, for 7 payments

***Non-Refundable Registration Fee.....\$100***

Child's Name \_\_\_\_\_ Male/Female (Circle One)

Preferred Name to be called or recognized (for example, Kenny or Kenneth) \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ First Number to Call \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's E-Mail Address \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

Any Behavioral Challenges \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child receiving services currently? \_\_\_ Yes \_\_\_ No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Siblings and their ages \_\_\_\_\_

Church Membership \_\_\_\_\_

Are you willing to have your child's name, address, telephone number and birthday added to our class list which will be distributed to all parents in your child's class?

\_\_\_Yes\_\_\_No (Please Check One)

How did you hear about our school? \_\_\_\_\_

May we use appropriate photos of your child for publicity purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No

***I understand and acknowledge that the registration fee which must accompany this form is NON- REFUNDABLE unless the program for which I registered is cancelled. Checks should be made payable to St. John's Lutheran Church. In addition, I have read, signed and returned the Financial Policy Statement Form with my registration form.***

***St. John's Lutheran Church Early Childhood Center grants to students of any race, color, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed.***

Person(s) responsible for tuition payments: \_\_\_\_\_

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

### **Instructions for Forms**

Please note that fillable PDF forms require Adobe Reader to be filled out electronically. Adobe Reader can be downloaded for free.

- Click the link for the necessary form
- You will be prompted to open or save the file
- Fill out the highlighted areas electronically, or print the form and fill it out
- Print and sign the completed form
- Mail to the following address:

St. John's Lutheran Church  
Early Childhood Center  
1 Van Roo Avenue  
Merrick, NY 11566

***Registration forms are accepted by mail ONLY. We cannot accept forms electronically.***