

St. John's Lutheran Church Early Childhood Center
Two-Year Old 2024/2025 Registration Form

**Child must turn two by December 1, 2024*

Please Check off your program choice:

_____ 2 Day Morning Program, Tuesday/Thursday.

\$280 per month (10 Payments)

9:00 – 11:00 AM September – December

9:00 – 11:30 AM January – June

_____ 3 Day Morning Program, Monday/Wednesday/Friday

\$415 per month (10 Payments)

9:00 – 11:00 AM September – December

9:00 – 11:30 AM January – June

_____ 5 Day Morning Program, Monday - Friday

\$550 per month (10 Payments)

9:00 – 11:00 AM September – December

9:00 – 11:30 AM January - June

Non-Refundable Registration Fee \$150 (All Programs)

5% Sibling Discount

5% Discount for paying the entire Annual Tuition by 9/1/24

Child's Name: _____ Male/Female (Circle One)

Child's Date of Birth: _____

Preferred Name to be called: _____

Parents' Names: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone # _____ Preferred # _____

Mother's Cell Phone # _____ Work Phone # _____

Father's Cell Phone # _____ Work Phone # _____

Mother's Email Address: _____

Father's Email Address: _____

Do you want to receive notices to both Email addresses? _____

Allergies: _____

Behavioral Challenges: _____

Is your child currently receiving Early Intervention Services? _____

If yes, please explain: _____

Siblings and their ages: _____

Church Membership (optional): _____

How did you hear about our school? _____

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

Yes _____ No _____ (Please Check One)

May we use appropriate photos of your child on our private ClassDojo Messaging System?

Yes _____ No _____ (Please Check One)

May we use appropriate photos of your child on our school Facebook and Instagram Pages?

Yes _____ NO _____ (Please Check One)

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 and New Authorization Form with my registration materials.

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: _____
