

**St. John's Lutheran Church Early Childhood Center  
Three-Year Old 2025/2026 Registration Form**

*\*Child must turn three by December 1, 2025*

**Please Check off your program choice:**

\_\_\_\_\_ 4 Day Morning Program, Monday – Thursday

9:00 AM – 12:00 PM

\$535 (10 Payments)

\_\_\_\_\_ 5 Day Morning Program, Monday – Friday

9:00 AM – 12:00 PM

\$635 (10 Payments)

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

**5% Sibling Discount**

**5% Discount for paying the entire Annual Tuition by 9/1/25**

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: \_\_\_\_\_

Toilet Trained: \_\_\_\_\_ Yes \_\_\_\_\_ No

Left or Right-Hand Preference: \_\_\_\_\_ Left \_\_\_\_\_ Right

Previous School/Day Care: \_\_\_\_\_

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: \_\_\_\_\_

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