

Office Use Confirmation Letter sent: _____ Allergy Alert: _____
 Only: Orientation Letter Sent: _____

St. John's Preschool

100 St. John's Church Road, Concord, NC 28025

REGISTRATION: \$50.00 per child all classes (non-refundable)

Important: Children must have reached their second, third, or fourth birthday by August 31st.

Child

Child's Full Name _____

Nickname or Name used most often _____

Boy ___ Girl ___ Age _____ Date of Birth _____

Parent

Parent (s) or Guardian (s): _____

Single ___ Separated ___ Married ___ Divorced ___

Email: _____

Address: _____

Cell # _____ Work # _____ Home # _____

Parent

Parent (s) or Guardian (s): _____

Single ___ Separated ___ Married ___ Divorced ___

Email: _____

Address: _____

Cell # _____ Work # _____ Home # _____

Siblings: _____

Check the class for which you are registering and return this form along with your registration fee.

2's ONLY: If you do not have a preference of which set of days of below, please indicate by checking here ____ This will help us with class placement!

2 year old class	Tuesday/Thursday	8:45-11:45	\$135 per month	
2 year old class	Wednesday/Friday	8:45-11:45	\$135 per month	
2 year old class	Tuesday THRU Friday	8:45-11:45	\$175 per month	Limited space
3 year old class	Tuesday/Thursday	8:45-11:45	\$135 per month	
3 year old class	Monday THRU Thursday	8:45-11:45	\$175 per month	
4 year old class	Monday /Wed./ Friday	8:45-12:15	\$165 per month	
4 year old class	Monday THRU Friday	8:45-12:15	\$190 per month	

If you have registered your child, and for some reason you decide your child will not be attending our program, the first month tuition will be non-refundable.

**FOR OFFICE
USE ONLY**

Application Date _____

Registration Fee: _____

Medical Form: _____

Shot Records: _____

Emergency Contacts

Cell # **Child's Name:** _____, Other # _____

In case of an Emergency , (if mom or dad are not available):

Name: _____ Relationship _____

Cell # _____, Other # _____

Name: _____ Relationship _____

Cell # _____, Other # _____

Name: _____ Relationship _____

Physician Information

Name of Childs Physician: _____

Physicians Phone Number: _____

Name of Childs Dentist: _____

Dentists Phone Number: _____

I give permission to my child's teacher or Preschool administrator to authorize
Emergency care for my child in the event: No family emergency contacts can be
reached, the child's family physician can't be reached or the Preschool Staff deems
The Emergency to be a 911 situation.

Allergies:

My Child has Allergies: YES NO

My Child has Allergies to the following: _____

Will Medications be given at School? _____

What Medications are Administered? _____

St. John's Preschool - Child's Medical History

Child's Name: _____ Age: _____

General Physical Condition: At Present Time: _____

During Past Year: _____

Any Physical Limitations: _____

Chicken Pox:		Ear Infections:	
Influenza:		Emotional Disorders:	
Pneumonia:		Other:	
Scarlet Fever:		Other:	

Please List any Diseases that your child has had:

Immunizations and Tests:

WE MUST HAVE A COPY OF

ALL IMMUNIZATIONS

FROM YOUR CHILD'S DOCTORS OFFICE.

Date of last Physical Exam? _____

Has your Child's Eyes been checked? _____ Hearing? _____

Operations? _____ Accidents? _____