

St. John's Lutheran School Preschool Re-Enrollment Application for the School Year 2019-2020

NOTE: This form should be used to re-enroll only those children currently in attendance at St. John's Lutheran School

We will not be returning to St. John's Lutheran School next year (Please see reverse side for questionnaire)

Application is herewith made to re-enroll the following in St. John's Lutheran School for the 2019-2020 term:

1	LAST NAME:	FIRST NAME:	M.I.	D.O.B.	MALE FEMALE	2019-2020 GRADE	ST. JOHN'S OR LCMS MEMBER
1							
2							
3							
4							

ETHNIC ORIGIN: (please circle)	American Indian	Asian	African-American	Hispanic	Caucasian	Other
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PLEASE SELECT	
<p style="text-align: center;">3-Year-Old</p> <p><input type="checkbox"/> 2 days per week (T/TH)</p> <p><input type="checkbox"/> 3 days per week (M/W/F)</p> <p><input type="checkbox"/> 5 days per week (M—F)</p> <p><input type="checkbox"/> Full Day (8:15a—3:15p) <input type="checkbox"/> Half Day (8:15a—11:15a)</p>	<p style="text-align: center;">4-Year-Old</p> <p><input type="checkbox"/> 2 days per week (T/TH)</p> <p><input type="checkbox"/> 3 days per week (M/W/F)</p> <p><input type="checkbox"/> 5 days per week (M—F)</p> <p><input type="checkbox"/> Full Day (8:15a—3:15p) <input type="checkbox"/> Half Day (8:15a—11:15a)</p>

CHILD PRESENTLY RESIDES WITH: (circle one)					
Both Parents	Mother	Step-Mother	Father	Step-Father	Guardian
NAME OF RESIDENT FATHER/STEP-FATHER: (circle one)			NAME OF RESIDENT MOTHER/STEP-MOTHER: (circle one)		
STUDENT/FAMILY MAILING ADDRESS:		Street:	City:	State:	Zip:
HOME TELEPHONE #:			EMAIL ADDRESS:		

RESIDENT FATHER/STEP-FATHER'S INFORMATION		
PLACE OF EMPLOYMENT:	BUSINESS PHONE:	EXTENSION
OCCUPATION:	CELL PHONE:	

RESIDENT MOTHER/STEP-MOTHER'S INFORMATION		
PLACE OF EMPLOYMENT:	BUSINESS PHONE:	EXTENSION
OCCUPATION:	CELL PHONE:	

(OVER)

