

**ST. JOHN'S LUTHERAN PRESCHOOL**  
**3521 Linda Vista Avenue, Napa, California 94558**  
**(707) 226-7970 Fax (707) 226-7974**

**APPLICATION FOR ADMISSION**

**Must be age by Sept. 1st**

Child's Name	Last	First	Middle	<u>Program Applying For</u>
Address	Street	City	Zip	Age-Check One
Date of Birth	Home Phone			___ 3 yr old- 2 days
Date of Baptism	Sex			___ 3 yr old- 5 days
Father's Name	Occupation			___ 4 yr old- 3 days
Bus. Address	Cell Phone			___ 4 yr old- 5 days
Mother's Name	Occupation			<u>Hours</u>
Bus. Address	Cell Phone			___ 1/2 day 8:30-12:00
Marital Status of Parents	Does Child Live With Both Parents?			___ 3/4 day 7:30- 3:05
				___ Full day 7:30-6:00
				Beginning

Explain any personal/confidential information the school/teacher needs to know of (i.e. divorce, separation, etc.) \_\_\_\_\_

Brother or Sisters (Name, Age, School) \_\_\_\_\_

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List any allergies, restriction/health concerns \_\_\_\_\_

List any fears your child may have \_\_\_\_\_

Has your child previously attended a nursery or preschool? \_\_\_\_\_

If "yes", where? \_\_\_\_\_

Is your child predominantly right or left-handed? \_\_\_\_\_

List any responsibilities your child has at home? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

List any special helps your child may need \_\_\_\_\_

What is your child's attitude about entering school? \_\_\_\_\_

Is your child accustomed to napping in the afternoon? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ How Long \_\_\_\_\_

At what age did your child become toilet trained? \_\_\_\_\_

Reason for desiring to enroll your child \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Place of Worship \_\_\_\_\_

Do you agree to support the school's program of Christian education by word & example, and to cooperate with the school in its program of Christian worship? \_\_\_\_\_

I have read the information regarding my financial commitments and agree to pay:  
 Application Fee: \$50.00, due with application. Comprehensive Fee: \$190.00 due June 1<sup>st</sup> or within 3 weeks of acceptance.

Tuition will be due on the 1<sup>st</sup> of the month. A late fee of \$25.00 is assessed on all accounts not paid by the 10th of each month. **All fees are non refundable.**

\_\_\_\_\_  
**Date**  
 01/21/09

\_\_\_\_\_  
**Signature of Parent of Guardian**