

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

APPLICATION FOR ADMISSION

Please provide a copy of Birth Certificate with application

Must be age by Sept. 1st

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

EMAIL ADDRESS _____

Marital Status of Parents _____ Does Child Live With Both Parents? _____

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

Brother or Sisters (Name, Age, School) _____

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. Upon acceptance, Comprehensive Fee of \$190.00

Tuition will be due on the 1st 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

10/17/11

Signature of Parent of Guardian

MUST PROVIDE A COPY OF BIRTH CERTIFICATE WITH APPLICATION.