



# St. John Evangelical Lutheran School

St. John's Purpose Statement:  
To nurture children academically and spiritually toward a life of witness and service in Christ.

## PRESCHOOL NEW ENROLLMENT 2024-2025

Items required for enrollment are as follows:

\_\_\_\_\_ **Registration Form**

\_\_\_\_\_ **The Registration Fee** is non-refundable and non-transferrable. This fee covers school insurance, some consumable workbooks, textbooks, art supplies, weekly news publications, and other consumables.

- REGISTRATION FEE IS DUE AT TIME OF ENROLLMENT

**\$200 Registration Fee if paid by February 29, 2024**

**\$250 if paid between March 1, 2024, and June 13, 2024**

**\$300 fee after June 14, 2024.**

\_\_\_\_\_ **Birth Certificate**

- Students must be 3 or 4 before December 1<sup>st</sup> for both 3- and 4-year-old classes.

\_\_\_\_\_ **Proof of Physical & Immunizations** (dated 9/3/23 or later is acceptable)

Also included: Tuition and Fees

\*Each Child must be toilet trained and independent prior to the beginning of school.

\*In August, there will be a "Meet the Teacher" night for all families and students.





ST JOHN LUTHERAN SCHOOL
EARLY CHILDHOOD EDUCATION REGISTRATION FORM

3-Year-Old, M-F, 8:30-2:30 3-Year-Old, M, W, F, 8:30-2:30 3-Year-Old, T, R, 8:30-2:30

4-Year-Old, M-F, 8:30-2:30 4-Year-Old, M, W, F, 8:30-2:30 4-Year-Old, T, R, 8:30-2:30
(space is limited for part-time days)

Student Name:

Last: First: Middle: M F

Address: Telephone:

ZIP

Date of Birth: Birthplace: Public School District:

Date of Baptism: Present Church Membership: City/State:

Father:

Mother:

Full Name: Full Name:

Address: Address:

Email: Email:

Employer: Employer:

Work Phone: Cell #: Work Phone: Cell #:

Legal Guardian/Foster Parent:

Name: Address:

Employer: Work Phone: Cell #:

LIST ALL CHILDEN LIVING IN HOUSEHOLD:

Table with 6 columns: Last Name, First Name, Birthdate, M/F, Grade, School. Contains three rows of blank lines for data entry.

FOR OFFICE USE:

Registration Paid: \$ Date Check Cash Birth Certificate F.D.

Tuition Amt: \$ Physical Immunizations Health History OVER

Has your child had previous group experience? \_\_\_\_\_ Where: \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

How many? \_\_\_\_\_ Are they your child's age? \_\_\_\_\_

Is your child left with anyone while you work or go out? \_\_\_\_\_

How often? \_\_\_\_\_ How do they react? \_\_\_\_\_

Social Behavior: (Circle words) shy friendly cautious outgoing

Emotional Behavior: (Circle words you feel apply most of the time)

calm excitable easily angered whiney emotional cheerful stubborn quiet cooperative  
independent active aggressive gives in easily wants own way temper tantrums wets pants

Fears: \_\_\_\_\_ Special interest: \_\_\_\_\_

Is your child left-handed? \_\_\_\_\_ Right-handed? \_\_\_\_\_ Uses Both? \_\_\_\_\_

Has your child had experience with clay? \_\_\_\_\_ crayons? \_\_\_\_\_  
scissors? \_\_\_\_\_ glue? \_\_\_\_\_ puzzles? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ (This must be achieved by September)

Additional Medical: Is your child on any medication? \_\_\_\_\_

For what reason? \_\_\_\_\_

Are there any foods that your child should not have for health reasons?  
\_\_\_\_\_

What reaction will your child have if he/she accidentally receives any of the above-mentioned foods?  
\_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ To what? \_\_\_\_\_

Does your child have any disabilities or activity restrictions? \_\_\_\_\_

If so, list them here: \_\_\_\_\_

Any other health concerns or issues? \_\_\_\_\_

Please complete this form and return it with the registration fee according to the registration time schedule. Make check payable to St. John Lutheran Church. If there is any additional information you think might help us to understand your child better, please feel free to inform us. Thank you.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# EARLY CHILDHOOD PROGRAM TUITION AND FEES 2024 - 2025

**Please Keep  
For Your  
Records.**

**REGISTRATION FEE:** Registration fees are due at time of enrollment and secures your child's place in the classroom for the upcoming school year.

**\$200 Registration Fee if paid by February 29, 2024**

**\$250 if paid between March 1, 2024, and June 13, 2024**

**\$300 fee after June 14, 2024.**

\*The Registration Fee is non-refundable and non-transferable. This fee covers school insurance, some consumable workbooks, art supplies, gym supplies, and other consumables.

## **CLASS HOURS: 8:30 AM-2:30 PM**

### **MONDAY-FRIDAY**

- \$4,370

### **MONDAY, WEDNESDAY, FRIDAY (space is limited)**

- \$3,240

### **TUESDAY, THURSDAY (space is limited)**

- \$2,520

\*An extended day through our latchkey program is available starting at 7 am and open until 5:30 pm. A Latchkey Handbook is available from the office and on Fast Direct under "links".

Families are to choose which option of tuition payment schedules that best accommodates them. The third monthly payment option requires completion of a Tuition Authorization Form.

## **OPTIONS FOR PAYMENT**

- 1) **Full Payment Plan:** Cash or check must be submitted to the office no later than July 5, 2024.
- 2) **Four Quarter Payment Plan:** Cash or checks must be submitted to the office no later than August 12, 2024, November 12, 2024, February 12, 2025, & April 14, 2025. See tuition policy for late payment fees.
- 3) **10-Month Payment Plan:** Deducts tuition payment automatically from a checking, savings, or credit card account each month, **August - May**. An Authorization form must be filled out and turned in, no later than July 27. A 2% non-refundable enrollment fee is added to the first of the 10 monthly payments for enrollment in this option. See tuition policy for late payment fees.

**PLEASE DIRECT ANY CONCERNS WITH THE ABOVE REGISTRATION/TUITION FEES TO THE BOARD OF EDUCATION  
BY EMAIL TO OFFICE@STJOHNNT.COM.**