



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 ENROLLMENT 2026-2027

Items required for enrollment are as follows:

_____ **Registration Form**-attached

_____ **The Registration**

- REGISTRATION FEE IS DUE AT TIME OF ENROLLMENT TO HOLD THE SPOT. (CASH OR CHECK ONLY)
- See the Tuition & Fee Schedule attached (Please keep for reference.)

_____ **Birth Certificate**

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

_____ **Proof of Physical & Immunizations** (dated 9/3/26 or later is acceptable) Please see handbook for more information.

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

*In August, more information will be given during the Meet the Teacher night and Student Orientation.



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. 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: _____

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**SAVE FOR
REFERENCE**
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**EARLY CHILDHOOD PROGRAM
TUITION AND FEE SCHEDULE
2026 - 2027**

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

\$225 if paid by February 27, 2026

\$275 if paid between March 2, 2026, and June 12, 2026

\$300 after June 12, 2026

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

Preschool classes follow the K-8 calendar for the school year.

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

MONDAY-FRIDAY

• \$5,070

MONDAY, WEDNESDAY, FRIDAY (space is limited)

• \$3,740

TUESDAY, THURSDAY (space is limited)

• \$2,970

*If a parent/guardian chooses to withdraw his/her child(ren) prior to December 1st, the parent/guardian is responsible for half the cost of tuition for each child enrolled. If the withdrawal happens any time on or after December 1st, the parent/guardian is responsible to pay the full tuition of their child(ren) at St. John.

*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 August 20, 2026.
- 2) **Four Quarter Payment Plan:** Cash or checks must be submitted to the office no later than August 20, 2026, November 20, 2026, February 19, 2027, & May 20, 2027. See the tuition policy for late payment fees.
- 3) **10-Month Payment Plan:** The plan deducts monthly tuition payments 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 August 3, 2026. A 2% non-refundable enrollment fee is added to 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.