



**ST. STEPHEN LUTHERAN PRESCHOOL**  
**612 Jamestown Road, Williamsburg, VA 23185**  
**757-229-6688**

**REGISTRATION FORM**

Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip

Birth Date \_\_\_\_\_ State \_\_\_\_\_

Child's sex \_\_\_\_\_ Name to be called at school \_\_\_\_\_

<p align="center"><u>FOR OFFICE USE</u></p> <p>Fee Paid: (\$75) _____</p> <p>Entrance Date: _____</p>
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**Please Initial:** I understand that the Registration Fee is not refundable. \_\_\_\_\_

**Class Options (circle one):**

**Three's Class** (Must be 3 by September 30): 2-day (T & R) or 3-day (M-W-F)

**Four's Classes :** 3-day (M-W-F) or 4-day (M-T-W-R)

**Five's Class:** 5-day (M-T-W-R-F)

I/We will pay tuition ONCE / TWICE / MONTHLY during the year (circle one).

- *Before School Care* is available from 8:15 AM Monday through Friday.
- *Extended Day program* is offered from 12:00 Noon to 2:00 PM Monday through Thursday.

*St. Stephen Preschool reserves the right to cancel any class that is not full.*

**Parent/Guardian Name:** \_\_\_\_\_

Occupation and place of employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Occupation and place of employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Names of Other Children in Family	Birth date
1.	
2.	
3.	

Are there other adults in the home besides parents? \_\_\_\_\_ Relationship? \_\_\_\_\_

Family Church \_\_\_\_\_ Does child attend Sunday School? \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Information about your child:**

Is s/he left or right handed? \_\_\_\_\_

Does s/he have regular sleeping habits? \_\_\_\_\_

Does s/he have any food allergies? \_\_\_\_ List \_\_\_\_\_

Does s/he play out of doors regularly, weather permitting? \_\_\_\_\_

Does s/he have playmates in his/her age group? \_\_\_\_\_

What toys does s/he prefer? \_\_\_\_\_

Does s/he play independently? \_\_\_\_\_

Does s/he enjoy stories and poems? \_\_\_\_\_

Does s/he like to draw and paint? \_\_\_\_\_

Does s/he sing or respond to music? \_\_\_\_\_

Does s/he have any special abilities or interests? \_\_\_\_ Explain \_\_\_\_\_

Does s/he have any special fears? \_\_\_\_ If yes, please explain \_\_\_\_\_

Is there anything else that you feel the school should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Illness**

St. Stephen Preschool agrees to notify the parent or guardian whenever this child becomes ill, and the parent or guardian agrees to pick the child up as soon as possible. \_\_\_\_\_ (Please initial)

**Medical Attention**

In case of emergency, I give St. Stephen Lutheran Preschool my permission to take my child to the nearest hospital. I give my permission to emergency room doctors to diagnose and treat my child to the best of their ability. \_\_\_\_\_ (Please initial)

**Field Trips**

My child has permission to participate in all the field trips planned by St. Stephen Lutheran Preschool. If there is any exception, I will notify the teacher prior to the trip. \_\_\_\_\_ (Please initial)

**Photographs**

I consent to the use of photos and/or videos taken of my child by St. Stephen Lutheran Preschool teachers. Photos may be submitted to the newspaper, Facebook, or used for educational and/or promotional purposes. \_\_\_\_\_ (Please initial)

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

11/2018

<b>FOR OFFICE USE ONLY</b>			
<b><i>Birth Date</i></b>	<b><i>Birth Certificate</i></b>		<b><i>Verified by:</i></b>
	<b><i>State:</i></b>	<b><i>Number:</i></b>	