



ST. STEPHEN LUTHERAN PRESCHOOL

612 Jamestown Road, Williamsburg, VA 23185

757-229-6688

REGISTRATION FORM

Child's Full Name _____

Child's sex _____ Name to be called at school _____

Address _____

Street

City

State

Zip

Child's Birth Date _____ State _____

FOR OFFICE USE

Registration Fee Paid:

\$100 New _____ \$75 Returning _____

Entrance Date: _____

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) or 5-day (M-T-W-R-F)

Four's Classes : 3-day (M-W-F) or 4-day (M-T-W-R) or 5-day (M-T-W-R-F)

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 Friday.

Parent/Guardian Name: _____

Occupation and place of employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name: _____

Occupation and place of employment: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

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 _____

(Over)

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? _____

The law requires that we have on file TWO (2) contacts (other than parents and physicians) who are available if an emergency should occur during Preschool hours. Please provide us with current, local names and telephone numbers (home, work, cell) below, and return this form as soon as possible.

Name	Relationship	Telephone (note home and/or cell)
1)		
2)		

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 _____

12/2022

FOR OFFICE USE ONLY			
Birth Date	Birth Certificate		Verified by:
	State:	Number:	