



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 _____

<u>FOR OFFICE USE</u> Registration Fee Paid: \$100 New _____ \$75 Returning _____ Entrance Date: _____
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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) 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 _____

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 _____

01/2021

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