



**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)

**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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

09/2021

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