

**St. John's Evangelical Lutheran Church Preschool
Boyertown, PA 19512**

**Four Year Old
APPLICATION**

3 Days AM (Mon., Wed., Thur.)	9:00 – 11:30	\$185/month
3 Days PM (Mon., Wed., Thur.)	12:30 – 3:00	\$185/month
4 Days AM (Mon., Wed., Thurs., Fri)	9:00 – 11:30	\$230/month
5 Days AM (Mon., Tues., Wed., Thurs., Fri.)	9:00 – 11:30	\$280/month

Name of Child:

LAST

FIRST

MIDDLE

Date of Birth: _____

Street Address _____ M _____ F _____

Town & State: _____ Zip Code _____

Home Phone: _____ Child Lives With: _____

Father:

Name: _____ Birthdate: _____

Education: _____ Occupation: _____

Place of Employment: _____ Phone: _____

Email: _____

Church Membership _____

Mother:

Name: _____ Birthdate: _____

Education: _____ Occupation: _____

Place of Employment: _____ Phone: _____

Email: _____

Church Membership _____

Brothers and Sisters:

Name

Birthdate

Grade in School

What do you hope your child will gain from this experience? _____

Describe your child, including any special needs (do they receive services, have an IEP etc.), of which the staff should be aware:

Experience with other children:

Previous school experience _____

Sunday Church School _____

Informal Relationships _____

How did you hear about St. John's? _____

E-Mail Address (To be used for billing and parent blasts)—please write clearly
