

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

Mommy and Me
APPLICATION

Friday	10:00 - 11:00	\$70/month
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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
