

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

Transitional Kindergarten  
APPLICATION

Mon., Tue., Wed., Thur., Fri.	9:00 - 11:30	\$280/month
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Child needs to turn 5 by December 15

**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

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

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

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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**

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