

## 3K AND 4K PRESCHOOL REGISTRATION FORM

### CHILD'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Birth Date (month/day/full year): \_\_\_\_\_ Age \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

*All parents/guardians are permitted to visit during preschool hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.*

**MOTHER'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Electronic Newsletter:  Yes  No

*Check Preferred Phone:*

Home  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

Place of employment/Occupation: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Electronic Newsletter:  Yes  No

*Check Preferred Phone:*

Home  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

Place of employment/Occupation: \_\_\_\_\_

**GUARDIAN'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Electronic Newsletter:  Yes  No

*Check Preferred Phone:*

Home  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

Place of employment/Occupation: \_\_\_\_\_

**PICK UP AUTHORIZATION/EMERGENCY CONTACT**

**Persons other than Parents/Guardians who are authorized to pick up child or who we can contact in case of emergency when Parent/Guardian cannot be reached.**

*Provide information requested for each person. If no one, write "None".*

**PERSON ONE:** CHECK ONE OR BOTH  Pick Up Authorization  Emergency Contact

Relationship to child: \_\_\_\_\_ Name: \_\_\_\_\_

Address – Home (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ (check one)  Home  Cell  Work

**PERSON TWO:** CHECK ONE OR BOTH  Pick Up Authorization  Emergency Contact

Relationship to child: \_\_\_\_\_ Name: \_\_\_\_\_

Address – Home (Street, City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ (check one)  Home  Cell  Work

**PERSONAL INFORMATION**

Hand Preference:  Right  Left

Has your child ever had a vision test?  Yes  No

If yes, what was the result? \_\_\_\_\_

Has your child ever had a hearing test?  Yes  No

If yes, what was the result? \_\_\_\_\_

Has your child ever been enrolled in any preschool or child care program?  Yes  No

How often does your child have the opportunity to socialize and play with other children?

Often  Occasionally

Does your child have a special nap time routine or schedule?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears we should be aware of?

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Is your child baptized?  Yes  No

What church is your family affiliated with, if any? \_\_\_\_\_

Please list if your child has any siblings:

Child's name \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Child's name \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Child's name \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Child's name \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Child's name \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Any additional comments: \_\_\_\_\_

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**AUTHORIZATION**

I understand that the preschool may take my child's photograph for advertising and promotion purposes. I give my consent to use my child's photograph for the following:

In-house promotions  Yes  No

Community advertising  Yes  No

Facebook  Yes  No

St. John's Website  Yes  No

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PRESCHOOL SESSION**

**Sign up for a minimum of two (2) days per week. Students may arrive as early as 8:00am for drop-off.**

| <b>PRESCHOOL DAYS</b>              | <b>DROP OFF TIME</b> | <b>PICK UP TIME</b> |
|------------------------------------|----------------------|---------------------|
| <input type="checkbox"/> Monday    |                      |                     |
| <input type="checkbox"/> Tuesday   |                      |                     |
| <input type="checkbox"/> Wednesday |                      |                     |
| <input type="checkbox"/> Thursday  |                      |                     |
| <input type="checkbox"/> Friday    |                      |                     |

**3K STUDENTS ONLY:** The 3K preschool day runs from 8:20am - 11:30am.

Will you use before school extended care? (6:30am-8:00am)       Yes     No

Will you use after school extended care? (11:30am-5:30pm)       Yes     No

**4K STUDENTS ONLY:** The half day 4K preschool runs from 8:20am – 11:30am. The full day 4K preschool runs from 8:20am-3:30pm.

Will your child attend our half day or full day 4K program?       Half Day     Full Day

Will you use before school extended care? (6:30am-8:00am)       Yes     No

**(Half Day Only)** Will you use after school extended care? (11:30am-5:30pm)       Yes     No

**(Full Day Only)** Will you use after school extended care? (3:30pm-5:30pm)       Yes     No

**Please return this form, along with a \$75 registration fee, to:**

**St. John's Lutheran School  
20813 W Forest View Dr.  
Lannon, WI 53046**