

Office Use Only: Confirmation Letter sent _____ Orientation Letter Sent: _____

St. John's Preschool

100 St. John's Church Road, Concord, NC 28025

REGISTRATION: \$60.00 per child all classes (non-refundable)

Important: Children must have reached their second, third, or fourth birthday by August 31st.

Child

Child's Full Name _____

Nickname or Name used most often _____

Boy _____ Girl _____ Age _____ Date of Birth _____

Parent

Parent (s) or Guardian (s): _____

Single _____ Separated _____ Married _____ Divorced _____

Email: _____

Address: _____

Cell # _____ Work # _____ Home # _____

Parent

Parent (s) or Guardian (s): _____

Single _____ Separated _____ Married _____ Divorced _____

Email: _____

Address: _____

Cell # _____ Work # _____ Home # _____

Siblings: _____

Check the class for which you are registering and return this form along with your registration fee.

2's ONLY: If you do not have a preference of which set of days of below, please indicate by checking here ____ This will help us with class placement!

2 year old class	Tuesday/Thursday	8:45-11:45	\$110 per month	
2 year old class	Wednesday/Friday	8:45-11:45	\$110 per month	
2 year old class	Tuesday THRU Friday	8:45-11:45	\$150 per month	IF OFFERED
3 year old class	Tuesday/Thursday	8:45-11:45	\$110 per month	
3 year old class	Monday THRU Thursday	8:45-11:45	\$150 per month	
4 year old class	Monday /Wed./ Friday	8:45-12:15	\$140 per month	
4 year old class	Monday THRU Friday	8:45-12:15	\$165 per month	

For Office Use Only:
Registration Fee _____

For Office Use Only:
Medical Form _____

For Office Use Only:
Application Date _____

Emergency Contacts

Child's Name: _____

In case of an Emergency , (if mom or dad are not available):

Name: _____ Relationship _____

Cell # _____, Other # _____

Name: _____ Relationship _____

Cell # _____, Other # _____

Name: _____ Relationship _____

Cell # _____, Other # _____

Physician Information

Name of Childs Doctor: _____

Physicians Phone Number: _____

Name of Childs Dentist: _____

Dentists Phone Number: _____

I give permission to my child's teacher or Preschool administrator to authorize Emergency care for my child in the event: No family emergency contacts can be reached, the child's family physician can't be reached or the Preschool Staff deems The Emergency to be a 911 situation.

Parent/Guardian Signature

Date

Allergies:

My Child has Allergies: YES ☐ NO ☐

My Child has Allergies to the following: _____

Will Medications be given at School? _____

What Medications are Administered? _____

St. John's Preschool - Child's Medical History

Child's Name: _____ **Age:** _____

General Physical Condition: At Present Time: _____

During Past Year: _____

Any Physical Handicaps? _____

Any Mental Handicaps? _____

Diagnosed Medical Conditions Preschool should be aware of? _____

Please List any Diseases that your child has had:

Immunizations and Tests: WE MUST HAVE A COPY FROM CHILD'S PHYSICIAN

Chicken Pox:		Ear Infections:	
Influenza:		Emotional Disorders:	
Pneumonia:		Other:	
Scarlet Fever:		Other:	

Date of last Physical Exam? _____

Has your Child's Eyes been checked? _____ **Hearing?** _____

Operations? _____ **Accidents?** _____

DPT SERIES		
MEASLES VACCINATION		
POLIO VACCINATION		
TUBERCULIN TEST		
BOOSTER		
MMR VACCINATION		
OTHER:		