



## St. John Lutheran School Enrollment Form 2017-2018

Child's Full Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Circle the Grade Placement for this School Year: **Pre-school, K 1 2 3 4 5 6 7 8**

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

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

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Occupation & Work Number: \_\_\_\_\_

Mother's Occupation & Work Number: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

School Previously Attended: \_\_\_\_\_ School District Residence \_\_\_\_\_

**K-8 Tuition Information:**

	Members of St. John Lutheran	Sister Congregations LCMS	Non-Members
First Child	\$1,285.00	\$1,820.00	\$2355.00
Second Child	\$965.00	\$1,500.00	\$1660.00
Third Child	\$750.00	\$1,285.00	\$1450.00
Fourth Child	No Tuition Cost	No Tuition Cost	No Tuition Cost

**Preschool Tuition Information:**

2- ½ Day Sessions *	\$680.00
3- ½ Day Sessions *	\$1005.00
4 - ½ Day Sessions *	\$1235.00
5 - ½ Day Sessions *	\$1415.00
6- ½ Day Sessions *	\$1700.00
7-10 ½ day price available upon request	
Registration Fee	\$50.00

**Extended Care available from 7:15 AM until 6:00 PM outside school scheduled time @ \$4.00 per hour-billed on the ½ hour**

**Preschool Enrollment Directions:**

- ✓ *Select the program offering, complete, and submit the registration fee to the school secretary.*
- ✓ *Use the back to explain any special scheduling circumstance you need for your child.*
- ✓ *An original copy of the child's Birth Certificate must be presented to teacher or school secretary for verification upon returning registration form. If Birth Certificate is unavailable a copy of Immunization Record from the Physician will be accepted.*

Mark Days Requested to attend: (AM classes from 8:00-11:00 and PM classes from 12:00-2:45)

Mon. AM _____	Tues. AM _____	Wed. AM _____	Thurs. AM _____	Fri. AM _____
Mon. PM _____	Tues. PM _____	Wed. PM _____	Thurs. PM _____	Fri. PM _____

\* If child stays all day there will be an additional billing for 1 hour of extended care from 11:00 to 12:00

***A signed copy of this enrollment form confirms your child's registration in St. John School/Preschool***

School Signature: \_\_\_\_\_ Date: \_\_\_\_\_