

St. John's Christian Preschool
A Ministry of St. John's Lutheran Church of Emmaus

____ 3 yr. old

Registration Form for 2012-2013
School Year

____ 4 yr. old



Lord ... teach me good judgment and knowledge. Psalm 119:66

Child's Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ Gender: Male Female

Address: _____ City/State/Zip: _____

Mother/Guardian's Full Name: _____ Occupation/Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Address (if different from child's): _____

Father/Guardian's Name: _____ Occupation/Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Address (if different from child's): _____

Siblings' names and ages: _____

Religious Affiliation: _____ Are you a member of St. John's? _____

How did you hear about our program? Current/Previous Student Church Member Word of Mouth

Internet Newspaper Other (Please explain): _____

Preferred Method of Communication: Phone _____ Email _____

Best Time to Call: _____

Person(s) permitted to pick your child up from Preschool (other than parents):

1. _____ Relationship to Child: _____ Phone: _____

2. _____ Relationship to Child: _____ Phone: _____

3. _____ Relationship to Child: _____ Phone: _____

Emergency Contacts (if parents are unavailable; authorized to pick up your child in an emergency)

1. _____ Relationship to Child: _____ Phone: _____

2. _____ Relationship to Child: _____ Phone: _____

3. _____ Relationship to Child: _____ Phone: _____

Medical Information

Pediatrician and/or Family Physician

Name: _____ Address: _____ Phone: _____

Allergies/Restrictions/Disabilities: _____

Right-handed _____ Left-handed _____ Ambidextrous _____

I/We give my/our permission to the staff of St. John's Christian Preschool to transport or make arrangements for the transportation of my child to emergency medical care, and I/we give permission for medical treatment declared immediately necessary, in the event that neither I/we, nor the persons listed above can be contacted.

Hospital Preferred: _____

Please complete and attach certificate of Immunization Form

Signature of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Interest/Developmental Information

Main interests of the child: _____

Any information that may be helpful to the teachers (fears, etc.): _____

Areas where your child may need extra attention: _____

Exposure to children outside of the immediate family: _____ often _____ seldom _____ never _____

Exposure to adults outside of the immediate family: _____ often _____ seldom _____ never _____

Group experience with peers (Sunday School, play group, etc.): _____

Parents: Would you be interested in sharing any cultural customs, special talents or hobbies with the children? _____ Yes _____ No If yes, please list: _____

Is a parent/family member interested in volunteering in the classroom at various times throughout the year? Name: _____ When available: _____

Other information you'd like to share with us: _____

ENCLOSED IS A \$40.00 NON-REFUNDABLE/NON-TRANSFERABLE REGISTRATION PAYMENT TO:

St. John's Lutheran Church
501 Chestnut Street, Emmaus, Pa 18049