

\_\_\_\_ 3 Yr. Old  
Program  
2 Days

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_ 4 Yr. Old  
Program  
3 Days



**ST. JOHN'S**  
Christian + Preschool

*A Ministry of St. John's Lutheran Church of Emmaus*

## Registration Form 2022-2023

**Scholarships Available – Please call 610-965-9885**

### 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 Full 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? From: \_\_\_\_\_ Child/sibling is/was a current/previous student \_\_\_\_\_ Church member \_\_\_\_\_

Internet Newspaper Other (please explain) \_\_\_\_\_

### Preferred Method of Communication:

Phone(list number) \_\_\_\_\_ Email (list address) \_\_\_\_\_ Text (list number) \_\_\_\_\_

### 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 act on your behalf)**

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: \_\_\_\_\_

Has your child ever received services through early intervention or another service provider (i.e. speech, physical/occupational therapy)? \_\_\_\_\_

Hand Preference:                      Left                                      Right                                      Not Sure

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 reached.

Hospital Preferred: \_\_\_\_\_

*Please attach a copy of child’s immunization records or complete the attached form.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Interest/Developmental Information**

Main interests of your child: \_\_\_\_\_

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

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 your child’s class?

If so, please list: \_\_\_\_\_

**Please enclose a \$40 non-refundable/non-transferable registration fee.**

**St. John’s Lutheran Church  
501 Chestnut St  
Emmaus, PA 18049  
610-965-9885**