



St. John's West Bend
899 S. Sixth Avenue, West Bend, WI 53095

262-429-1061 + fax 262-334-3591
www.stjohnswestbend.org
Email: njanisse@stjohnswestbend.org

**Application for Enrollment
St. John's Early Childhood**

Yearly registration fee: \$30.00 per child/\$50.00 per family

Train up a child in the way he should go and when he is old he will not depart from it. Proverbs 22:6

Family Information:

Student Lives with: Both Parents One Parent Other: _____
Status of Parents: Married Separated Divorced Parent Deceased

Church Membership: _____

Father's Name _____ Occupation/Employer _____
Last First

Father's Address _____ Phone(s) _____
Street City/State/Zip Home Work Cell

Father's E-mail _____

Mother's Name _____ Occupation/Employer _____
Last First

Mother's Address _____ Phone(s) _____
Street City/State/Zip Home Work Cell

Mother's E-mail _____

In case of emergency:

(1) _____
Last Name First Name Relationship Phone

(2) _____
Last Name First Name Relationship Phone

Doctor _____ Phone _____ Hospital Pref. _____

Release Information:

I give consent and hereby agree:
 _____yes _____no to have my child taken to a physician if I cannot be contacted and the school faculty/staff feels such action is warranted and I will be financially liable for the same.
 _____yes _____no to have the school faculty/staff administer first aid.
 _____yes _____no to have my child participate in the curricular activities of the school program.
 _____yes _____no to have his/her picture taken while involved in a school activity for public relations purposes- NO NAMES WILL BE USED.

St. John's Lutheran School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, or national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs. If space is available, children from the community are welcome to enroll. If enrolled, non-member students will not be discriminated against in any way and will be treated as any other student in terms of its policies.

Student Number 1 Personal Information:

Name _____
Last First Middle

Date of Birth _____ Age _____ Baptism Month _____

Pre K-3/Pre K-4 – AM ONLY

____ K3 – Tuesday/Thursday (8:00-11:00 am) _____ K4 – Mon., Wed., Fri. (8:00-12:00 pm)

Early Childhood with extended care: 6 weeks through K4 (FULL / PART TIME)

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Start Date: _____ Drop off: _____ Pick up: _____

Before/After School Care:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Start Date: _____ Before School: Drop off: _____ (until 7:50 AM) After School: 3:00pm to _____ (Pick up)

Ethnic Group: (for statistical reporting) Hispanic White/ Non-Hispanic Multiracial
 Amer. Indian/Alaskan Black/ Non-Hispanic Asian or Pacific Islander

Student Number 2 Personal Information:

Name _____
Last First Middle

Date of Birth _____ Age _____ Baptism Month _____

Pre K-3/Pre K-4 – AM ONLY

____ K3 – Tuesday/Thursday (8:00-11:00 am) _____ K4 – Mon., Wed., Fri. (8:00-12:00 pm)

Early Childhood with extended care: 6 weeks through K4 (FULL / PART TIME)

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Start Date: _____ Drop off: _____ Pick up: _____

Before/After School Care:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Start Date: _____ Before School: Drop off: _____ (until 7:50 AM) After School: 3:00pm to _____ (Pick up)

Ethnic Group: (for statistical reporting) Hispanic White/ Non-Hispanic Multiracial
 Amer. Indian/Alaskan Black/ Non-Hispanic Asian or Pacific Islander

Financial Information:

*I understand that I am financially responsible for prompt payment of tuition. All fees for Pre K-3/Pre K-4 are due at the beginning of the month, with the first installment due on July 1. All fees for Early Childhood with extended care are due weekly and to be paid on the **MONDAY** of the week of attendance.*

Signature of Parent/Guardian: _____

OFFICE USE ONLY

Date received:
Reg. Fee Received Two-Week Prepayment Received Waiver Signed Emergency Form Received Calendar Update

Entered in ACS Entered in Sycamore Access Cards Created Information to Classrooms