



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

DPI approved

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[www.stjohnswestbend.org](http://www.stjohnswestbend.org)

Email: [njanisse@stjohnswestbend.org](mailto: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. (7:45-12:00 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. (7:45-12:00 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: \_\_\_\_\_

Intend to apply for K4 WI School Choice voucher

**OFFICE USE ONLY**

Date received:

Reg. Fee Received  Two-Week Prepay Rcvd  Waiver Signed  Emergency Form Rcvd  Given Handbook

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

Notified Business Office of School Choice Intent  Budget Update  Spreadsheet Update

Reg. Fee	\$ _____
Pre-pay	\$ _____
Total	\$ _____
Date:	_____