

St. John Lutheran Preschool
807 E. Main St.
Abingdon, VA 24210

Registration Form School Year _____

Child's Full Name _____ Class 3's 4's 4/5's Pre-K

Name Child Prefers _____ Date of Birth _____

Address _____ City, Zip _____

Home Phone _____ Cell phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Email address: _____

Does your child live with both mother and father? _____ If not, please explain:

Emergency contact (Other than parents, we will always try to reach parents first)

Name _____ Phone _____

Physician's Name _____ Phone _____

Insurance Co. and Number _____

Known Allergies, medical concerns or medications _____

Any concerns the staff needs to be aware of _____

Child's brothers and sisters (names and ages) _____

Your Home Church _____

Enclosed is _____ \$35.00 registration fee (3 & 4 year olds)

_____ \$50.00 registration fee (4/5's Pre-K class)

Registration fees are used to secure your child's space in the class and purchase supplies for the school year.

I understand this fee is non-refundable.

Signature of parent/guardian Date _____