APPLICATION FOR ADMISSION: NEW STUDENT PRESCHOOL ST. JOHN'S LUTHERAN SCHOOL

3521 Linda Vista Avenue Napa California 94558 707.226.7970 Fax: 707.226.7974

PLEASE PRINT

Child's Name			Must be age by Sept. 1st Program Applying Fo
Last	First	Middle	Age- Check One
Physical Address			3-year-old: 2 days
Street	City	Zip	
Date of Birth	Home Phone		
Date of Baptism	Sex		4-year-old: 5 days
			Hours- Check One
Father's Name	Occupation		
- "	0 5		3/4 day 7:30- 3:00
Email	Cell Phone		Full day 7:30-5:30
Mother's Name	Occupation		Beginning
Email	Call Phone		(month/year
Liliali	ceii i none		
Marital Status of Parents	Does Child Live W	ith Both Paren	ts?
Explain any personal/confidential infoetc.)		-	-
List Siblings (Name, Age, School)			
List any allergies, restriction/health o			
List any fears your child may have:			
Has your child previously attended a If "yes", where?	•		
Is your child predominantly right or le			
List any responsibilities your child ha			
How do you discipline your child? _			
List any special help your child may			
What is your child's attitude about e			
-			

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Is your child accustomed to napping in the afternoon? Yes No Length of Nap At what age did your child become toilet trained? Reason for desiring to enroll your child:
Religious Affiliation Place of Worship
Do you agree to support the school's program of Christian education by word and example, and to cooperate
with the school in its program of Christian worship? Yes No
If accepted for enrollment, is it your intent to have your child attend St. John's Lutheran for their remaining elementary and middle school education? Yes No Undecided
 Application Fee: \$50 due with application Comprehensive Fee for new preschool students is due upon acceptance of the student: \$200 per student Monthly tuition payments will be due on the 1st of the month. A late fee of \$25.00 is assessed on all accounts not paid by the 10th of each month. A \$10 fee is assessed for any check not honored by the bank. All fees are subject to change without notice and are non-refundable. I have read the information regarding my financial commitments and agree to pay.
Signature of Parent or Guardian Date
Application must be accompanied by: Application Fee: \$50.00 (payable by cash or check; non-refundable) Copy of Birth Certificate

But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

Isaiah 40:31