



CHURCH OF ST. JOHN THE EVANGELIST
Sunday Morning: 9:30-10:30 a.m. -or- 11:15-12:15



FAMILY NAME
Father's first name Religion
Mother's first name Religion
ADDRESS

HOME PHONE
e-mail
e-mail
CITY ZIP

Child(ren) live with: Both parents Father Mother Step-parent & father Step-parent & mother

Who has authorization to pick up child other than parents:

Table with 5 columns: CHILD NAME, GENDER (m/f), BIRTHDATE, AGE AS OF SEPT. 1, ALLERGIES/MED. CONCERNS

Comments:

FEES:

1 child \$50
2+ children \$75

PARENT PARTICIPATION POLICY

I understand that I/we will be assigned to help lead a group of children on a rotating basis, and I agree to participate when assigned. If I am unable, I will find a substitute or trade with another parent.

(All craft supplies, snacks, and stories are supplied. The parent simply follows the directions.)

My Child(ren) will attend Sunday Preschool: (Children will come to one session or the other; there is no trading times.)

9:30-10:30
11:15-12:15

* Tuition assistance is available (upon request)

St. John's has my/our permission to share my/our e-mail with the parents of my/our child's group.
St. John's has my/our permission to take pictures of our child(ren) that may be used on our website.

\$ Amount Enclosed

Parent(s)/Guardian Signature

OFFICE USE ONLY: Entered Assigned Pd/Waiver Initials