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| *ST. JOHN’S EARLY EDUCATION CENTER* *700 HIGH STREET*  *WORTHINGTON, OHIO 43085*  614-885-2315  [EarlyEd@stjohnsworthington.org](mailto:StJohnsEarlyEd@ameritech.net)  [www.sjpreschool.com](http://www.sjpreschool.com/)  2024-25  Registration Form  *Enclose $60.00 non-refundable registration fee*  *($75.00 for multiple children)* | | | Office Use Only Acceptance letter sent\_\_\_\_\_\_\_  Registration fee\_\_\_\_\_\_\_\_\_\_\_    Check no.\_\_\_\_\_\_\_\_\_\_    May deposit\_\_\_\_\_\_\_\_\_\_\_\_    Check no.\_\_\_\_\_\_\_\_\_\_  SMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| THREE YEAR OLDS *Must be 3 by Sept 1, 2024* | | FOUR/FIVE YEAR OLDS *Must be 4 by Sept. 1, 2024* | **ENRICHMENT-FOURS & FIVES**  *Must be 4 by Sept. 1, 2024* | |
| \_\_\_Tues/Thurs  No lunch  9:00 am – 12:00 pm | | \_\_\_Tues/Wed/Thurs  Child brings lunch  9:00 am – 1:00 pm | \_\_\_Tu/Tr  Child brings lunch  12:00 pm – 2:00 pm | |
| \_\_\_Tues/Wed/Thurs  No lunch  9:00 am – 12:00 pm  **YOUNG 3’s Begins Jan ‘25**  *Turns 3 after Sept 1 and by January 1, 2025*  ­­\_\_\_Tues/Thurs  No lunch  9:00 am-12:00 pm | | \_\_\_Mon/Tues/Wed/Thurs  No lunch  9:00 am – 12:00 pm  \_\_\_Mon/Tues/Wed/Thurs/Fri\*  No lunch  9:00 am – 12:00 pm  \*need a minimum of 10  enrolled to offer |  | |

Child’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F \_\_\_ M

Name that child likes to be called\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name

Parent’s Cell Number (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] *preferred*

Parent’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name

Parent’s Cell Number (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ [ ] *preferred*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-Mail Address (es):

* Child must be ***potty-trained, vaccinated and have the medical/vaccination statement***, required by state law to enter school.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature:

How did you hear about St. John’s EEC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_