## 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 attach a copy of child's Birth Certificate with application.

Child's Name			Must be age by Sept. 1st Program Applying Fo
Last	First	Middle	Age- Check One
Address			3 yr old- 2 days
Street	•	Zip	
Date of Birth	Home Phone		
Date of Baptism	Sex_		4 yr old- 5 days
·			Hours- Check One
Father's Name	Occupation		
5 411	0    0		3/4 day 7:30- 3:00
Bus. Address	Cell Phone		Full day 7:30-6:00
Mother's Name	Occupation		
Bus. Address	Cell Phone		(month/year) —
EMAIL ADDRESS			_
Marital Status of Parents			ts?
Wartar States of Faronto		With Both Falon	
Explain any personal/confidential i etc.)		•	<u>-</u>
List Siblings (Name, Age, School)			
List any allergies, restriction/health	n concerns:		
List any fears your child may have			
Has your child previously attended	d a nursery or preschool? Yes	No	
If "yes", where?			
Is your child predominantly right of			
List any responsibilities your child			
How do you discipline your child?	· · · · · · · · · · · · · · · · · · ·		
riow do you discipline your crilla?			
List any special help your child ma			
What is your child's attitude about	entering school?		
Is your child accustomed to nappir	ng in the afternoon? Yes	No Length	of Nap

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	me toilet trained?ur child:
Religious Affiliation	Place of Worship
	hool's program of Christian education by word & example, and to cooperate f Christian worship?
Financial Responsibility	
Application Fee: \$50.00 due vacceptance of the student: \$***Fees subject to change with	the month. A late fee of \$25.00 is assessed on all accounts not paid by the 10th
Date	Signature of Parent or Guardian

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

9/23/15 Application Preschool