ST. JOHN'S PRESCHOOL

127 State Street
Kirkland, WA 98033
425-822-5079 (stjohnpreschool@hotmail.com)

Please Print Clearly

Child's Name_	Name you wish used	
Date of Birth	Sex M□ F□	
Parent NameParent Name		
Address	Primary Phone	
City, State	ZipPrimary Email	
Please list food	l/bee allergies	
Active St. John	's Episcopal Church member? Yes□ No□	
Siblings and A	ges	
Previous Preschool or Group Experience		
Where, or from whom, did you hear about St. John's Preschool?		
Elementary scl	nool you will most likely attend	
For which Clas	s(es) are you applying? (Classes offered subject to minimum enrollment)	
	Pre-3 Year Old (3 years old on/before 12/31) W/F 9:00 – 11:30 (\$375/mo)	
	3 Year Old (3 years old on/before 8/31) T/Th 9:00 - 11:30 (\$375/mo)	
	3 Year Old (3 years old on/before 8/31) W/F 9:15 – 11:45 (\$375/mo)	
	3 + Program (4 years old on/before 12/31) M/T/Th- 9:15 – 11:45 (\$445/mo)	
	4 Year Old (4 years old on/before 8/31) M-Th 9:00-12:45 &	
	Fri 9:00-Noon (\$750/mo)	
	Pre-Kindergarten (5 years old on/before12/31) M-Th 9:15–1:00 &	
	Fri 9:15-12:00 (\$750/mo)	

TO RESERVE A SPACE FOR YOUR CHILD PLEASE RETURN THIS FORM along with a \$100 non-refundable registration fee <u>per class</u>.(except new registrants and extended programs) A non-refundable supply fee, field trip fee, and first month's tuition are due in July.

For Office Use Only:		

Letter Sent: YES NO Date: Reg. Fee Paid: Check# OR CC Date:

Amount Due: \$ PAID- Date/Initials: