

2415 Silas Creek Parkway, Winston-Salem, NC 27103
(336) 725-1651 • Fax (336) 725-1603
StJohnsFalcons.org
tbaldwin@stjohnswws.org



Enrollment Preschool 2019-2020

Child's Name _____ Date of Birth ____/____/____

Street Address _____ City State Zip _____

Male/Female ____ Race/Ethnic Group: _____ Is child adopted? ____ Home Phone _____

Child lives with: ____ Both Parents Mother Father ____ Other

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Email _____ E-mail _____

Church Membership _____ Church Membership _____

Parents' Marital Status: ____ Married ____ Widowed ____ Single ____ Separated ____ Single ____ Divorced
____ Remarried

My child will be enrolling for (check one):

Preschool 3's: ____ Half Day (MWF 8:00-noon) ____ Half Day (M-F 8:00-noon) ____ School Day (8:00-3:00)
____ Full Day (7:30-6:00)

Name of person who will be financially responsible to pay all fees and tuition charges _____

Pre-K 4's Readiness ____ Half Day (M-F 8:00-noon) ____ School Day (8:00-3:00) ____ Full Day (7:30-6:00)

If child is enrolling in Half Day program, will child occasionally stay for nap? Yes / No

List any fears, unique behaviors, etc. your child may have:

What discipline methods do you use at home that would be helpful for us to know (e.g. time out, rewards, certain phrases or words, etc.) _____

I have received and read a copy of the state of North Carolina Child Care Laws: YES NO

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Emergency Care and Desired Action Information

Does the child have any known allergies? Yes No If yes, please explain _____

Does the child have physical handicaps Yes No If yes, please explain _____

List any maintenance medications: _____

Preferred Hospital _____

In case of serious injury/accident or accident requiring immediate medical attention, student will be taken to nearest hospital.

Health Insurance

Carrier _____

Policy # _____ Group # _____

Name of Child's Physician Office Phone # (_____)

Whom may we release your child to in case of illness, emergency or someone besides yourself picking up your child? (For your child's protection photo ID is required): When a parent is called because the child has become sick at school, the child must be picked up within an hour. Also the child cannot return the next day and/or after fever has broken for 24 hours.

Name _____

Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____

Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____

Relationship _____ Home # _____ Work # _____ Cell # _____

I give permission to St. John's Lutheran Preschool/School and its staff to administer First Aid and/or CPR if needed. I understand that all preschool staff members are First Aid and CPR certified. I also give permission to St. John's Lutheran Preschool/School and its staff to obtain medical treatment in the event of an emergency. I agree that St. John's Preschool/School may authorize the physician of their choice to provide emergency care in the event neither parents nor the child's physician can be contacted immediately. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

I have read and discussed application/practices and policies/procedures with the Preschool Director. I accept the practices and policies of St. John's Lutheran Preschool and School. I will abide by the educational and financial policies herein set forth and by the regulations and administration

Parent/Guardian signature: _____ Date _____