

**ST JOHN'S EARLY EDUCATION CENTER**  
**700 HIGH STREET**  
**WORTHINGTON, OHIO 43085**  
614-885-2315

[StJohnsEarlyEd@ameritech.net](mailto:StJohnsEarlyEd@ameritech.net)  
[www.sjpreschool.com](http://www.sjpreschool.com)

**January 2013**  
**Young 3's Registration Form**  
*\$50.00 non-refundable registration fee with registration*

*Office Use Only*

Acceptance letter sent \_\_\_\_\_

Registration fee \_\_\_\_\_

Check no. \_\_\_\_\_

May deposit \_\_\_\_\_

Check no. \_\_\_\_\_

SMC \_\_\_\_\_

**YOUNG THREE'S**

*Must be 3 between October 1<sup>st</sup> & January 31<sup>st</sup>*

Monday and Friday *only*

AM Class

9:15 – 11:45 \_\_\_\_\_

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

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

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Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

Phone Number (\_\_\_\_) \_\_\_\_\_ [ ] *preferred?* Cell Number (\_\_\_\_) \_\_\_\_\_ [ ] *preferred?*

Parent E-Mail Address (es): \_\_\_\_\_

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- Child must be toilet trained and have all immunizations required by state law to enter school.
  - Please note: While we make every effort to honor requests to be with a certain staff member, placement with that staff member cannot be guaranteed.
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Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_