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| *ST. JOHN’S EARLY EDUCATION CENTER**700 HIGH STREET**WORTHINGTON, OHIO 43085*614-885-2315EarlyEd@stjohnsworthington.org[www.sjpreschool.com](http://www.sjpreschool.com/)2024-25Registration Form*Enclose $60.00 non-refundable registration fee**($75.00 for multiple children)* | Office Use OnlyAcceptance 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 lunch9:00 am – 12:00 pm  | \_\_\_Tues/Wed/ThursChild brings lunch9:00 am – 1:00 pm  | \_\_\_Tu/TrChild brings lunch12:00 pm – 2:00 pm |
| \_\_\_Tues/Wed/Thurs  No lunch9:00 am – 12:00 pm **YOUNG 3’s Begins Jan ‘25***Turns 3 after Sept 1 and by January 1, 2025*­­\_\_\_Tues/ThursNo lunch 9:00 am-12:00 pm | \_\_\_Mon/Tues/Wed/Thurs No lunch9:00 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_