

**St. John's Lutheran School**  
**Mrs. Jan Watson, Director**  
**13300 Manor Road, Glen Arm, MD 21057**  
**410-592-8019**  
[www.stjohnlutherschool.org](http://www.stjohnlutherschool.org)

**APPLICATION ~ KINDERGARTEN**

CHILD'S NAME \_\_\_\_\_

NAME BY WHICH CHILD IS CALLED \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS(ES) FOR SCHOOL COMMUNICATIONS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

LIST OF SIBLINGS' NAMES & BIRTHDATES \_\_\_\_\_

FAMILY'S HOME CHURCH \_\_\_\_\_ IS CHILD BAPTIZED? \_\_\_\_\_

ATTEND CHURCH:  WEEKLY  OCCASIONALLY  NOT AT ALL

LIST PRIOR PRESCHOOL EXPERIENCE \_\_\_\_\_

BIRTH HISTORY: \_\_\_\_\_ FULL TERM \_\_\_\_\_ PREMATURE (# of WEEKS \_\_\_\_\_)

LIST ALLERGIES, MEDICAL PROBLEMS, DISABILITY, OR LIMITING CONDITIONS:  
 \_\_\_\_\_

DOES YOUR CHILD RECEIVE SERVICES FROM INFANTS & TODDLERS, CHILDFIND OR SIMILAR PROGRAM?

NO  YES PLEASE IDENTIFY \_\_\_\_\_

HOW DID YOU HEAR ABOUT ST. JOHN'S?  FRIEND/RELATIVE  OPEN HOUSE  WEBSITE

CHURCH FLYER/BROCHURE  LAWN SIGN  PRINT AD  OTHER

MONDAY ~ FRIDAY

Morning Only	9:00-12:15	
Full Day	9:00-2:15	
Morning + Some Afternoons	9:00-2:15	

ST. JOHN'S LUTHERAN SCHOOL  
ENROLLMENT & TUITION POLICIES

The application for enrollment must be completed, signed and returned to St. John's with the non-refundable application fee of \$50.00 before the child is considered for admission. State of Maryland Health Forms provided by St. John's Lutheran School must be completed prior to entrance.

Each applicant must pay the non-refundable application fee. A refund will be considered only if the school is unable to register the applicant due to full enrollment of all classes of the appropriate age of the applicant.

Tuition payments should be taken to the School Office/Mailbox or mailed to:

St. John's Lutheran School  
13300 Manor Road  
Glen Arm, Maryland 21057

Make checks payable to **St. John's Lutheran School** and mark them "Tuition".

Tuition exemptions are not made for extended illnesses or prolonged absences. Tuition paid for a student who never entered will be refunded upon receipt of a written request. Written notice must be submitted when a child is withdrawn from St. John's Lutheran School. Tuition continues until the date of withdrawal. When two children of the same family are enrolled during the same school year, the tuition for the second child is reduced by 10%. Tuition may be paid annually, tri-annually, or monthly. If tuition is paid monthly it is due the first day of each month. The first tuition payment is due **May 1, 2018**.

I have read the policies and regulations of St. John's Lutheran School as stated above, and I am able to comply with them. I am also aware of the financial obligations for enrollment and do agree to pay the annual charge of \$\_\_\_\_\_. I hereby make payment of the non-refundable registration fee of \$50 and submit it with this application for the admission of

Child's Name \_\_\_\_\_

for the **2018 – 2019 school year**.

Signature & Date \_\_\_\_\_

A class roster including each child's name, parents' names, address & phone number will be made and distributed to every class member. Please sign below to indicate your permission to have this information released by the school for this purpose.

Signature \_\_\_\_\_

~~~~~  
FOR OFFICE USE ONLY:

Application Received \_\_\_\_\_  
Application Accepted \_\_\_\_\_  
Tuition Received \_\_\_\_\_

Registration Fee Received \_\_\_\_\_  
Application Withdrawn \_\_\_\_\_  
Medical Forms Received \_\_\_\_\_