

**ST. JOHN'S LUTHERAN SCHOOL
KINDERGARTEN
2010-2011 SCHOOL YEAR**

Family's Last Name

Father's First Name

Mother's First Name

Address, City, State, Zip

Phone Number

Email Address *(Tuition Statements will be emailed each quarter)*

Members of St. John's or other WELS congregation? YES NO

If no, please list church _____

STUDENT NAME AND BIRTHDAY

Student's Name

Birth Date

A \$50 DEPOSIT IS DUE UPON REGISTRATION FOR MEMBERS AND NON-MEMBERS TO HOLD YOUR CHILD'S SPOT IN CLASS (15 STUDENTS MAX.), RETURNABLE AFTER THE FIRST MONTH OF ATTENDANCE. IT IS NOT RETURNABLE IF YOU CHOOSE NOT TO ATTEND.

MEMBERS OF ST. JOHN'S/WELS FEES AND BOOKS

Waived for the 2010-2011 year

NON-MEMBER FEES AND BOOKS

Waived for the 2010-2011 year

DEPOSIT

\$50.00

SIGNED _____

DATE _____