



# St. James Lutheran Preschool

229 Second Ave., St. James, NY 11780

Ph. # 631-862-8934

(Forms and check payments may be mailed to, dropped off or placed in our secure RED mailbox located outside Preschool Office doors.)

Office Use Only
Date Enrolled:
<b>Registration Fee:</b>
Cash
Check #
CC
<b>September Deposit</b>
Cash
Check #
CC
Total Paid:
Notes:

## Registration Form 2020-2021

### Program Type (Check One)

#### 2 Year Old Program (Tiny Tots)

- 2 Day AM Program  
Mon / Wed 9:30 – 11:30 am
- 2 Day AM Program  
Tues / Thur 9:30 – 11:30 am
- 2 Day PM Program  
Tues / Thur 12:00 – 2:00 pm

#### 3 Year Old Program

- 2 Day AM Program  
Tues / Thur 9:30 - 12:00 am
- 2 Day PM Program  
Tues / Thur 1:00 – 3:30 pm
- 3 Day PM Program  
Tues / Wed / Thur 1:00 – 3:30 pm

#### 4 Year Old Program

- 3 Day AM Program  
Mon / Wed / Fri 9:30 - 12:00 am
- 3 Day PM Program  
Mon / Wed / Fri 1:00 – 3:30 pm
- 5 Day PM Program  
Monday – Friday 1:00 – 3:30 pm

**\*\*\*\* To Register your child, provide this form along with the \*\*\*\*  
Registration Fee plus September's Tuition Deposit:**

#### For the 2 Year Old Program (Tiny Tots):

Registration Fee \$ 50.00 (non-refundable)  
2-Day Monthly Tuition: \$ 175.00 (no sibling disc.)

#### For the 3 and 4 Year Old Program :

Registration Fee \$ 85.00 (non-refundable)  
2-Day Monthly Tuition: \$ 210.00 (Siblings: \$ 190.00)  
3-Day Monthly Tuition: \$ 260.00 (Siblings: \$ 240.00)  
5-Day Monthly Tuition: \$ 350.00 (Siblings: \$ 330.00)

Child's First / Last Name \_\_\_\_\_ Nickname \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Sex: \_\_\_ M \_\_\_ F

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Family Members: Sibling's Name \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Sibling's Name \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Religion: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Teacher Request:  None \_\_\_\_\_

Friend Request(s):  None \_\_\_\_\_

No Known Allergies  Yes, Allergy(s) \_\_\_\_\_

How did you **FIRST** hear about our preschool? \_\_\_Alumnus \_\_\_Friend/Neighbor \_\_\_Sign \_\_\_Google \_\_\_Social Media \_\_\_Other \_\_\_\_\_