



For Office Use Only
Enrollment Date _____

St. John's Christian Preschool
700 S. Defiance Street, Archbold, OH 43502
Phone 419.446.2545 • www.stjohnsarchbold.org

Please return completed form with \$35.00 Activities / Registration Fee.

Child's Name _____ Name you would like your child to be called at preschool _____
Current Age _____ Birth Date _____ Sex _____ (This will be name used on their artwork and for them to sign-in)
Mailing Address _____ Home Phone _____
City _____ State _____ Zip _____
Family's E-mail address _____

Mother's Name _____ Cell Phone _____
Mother's Mailing Address (if different from child's) _____
City _____ State _____ Zip _____
Place of Employment _____
Address _____ Work Phone _____
City _____ State _____ Zip _____

Father's Name _____ Cell Phone _____
Father's Mailing Address (if different from child's) _____
City _____ State _____ Zip _____
Place of Employment _____
Address _____ Work Phone _____
City _____ State _____ Zip _____

Please Indicate 1st and 2nd choice of class desired:

- A. _____ 3 and 4 Year Old Morning Tuesday, Thursday
8:30 – 11:30AM \$60.00/Month
- B. _____ 3 and 4 Year Old Afternoon Tuesday, Thursday
12:30 - 3:30PM \$60.00/Month
- C. _____ 4 and 5 Year Old Morning Monday, Wednesday, Friday
8:30 – 11:30AM \$80.00/Month
- D. _____ 4 and 5 Year Old Afternoon Monday, Wednesday, Friday
12:30 - 3:30PM \$80.00/Month

Church Affiliation: _____

