St. John's Lutheran School
505 South Park Road
LaGrange, IL 60525
708-354-1690
ENROLLMENT APPLICATION

Child Information

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City/State/ZIP: _____

Parent/Guardian Information

Parent/Guardian 1

Full Name: _____

Relationship to Child: _____

Phone Number: _____ Email Address: _____

Address (if different from child): _____

Church Affiliation (if any): _____

Parent/Guardian 2

Full Name: _____

Relationship to Child: _____

Phone Number: _____ Email Address: _____

Address (if different from child): _____

Church Affiliation (if any): _____

Program Information

Circle one: Preschool 3, Preschool 4, or Kindergarten

Desired Start Date: _____

Days Attending (circle): Mon / Tue / Wed / Thu / Fri

Full-Day or Half-Day: _____

Previous Childcare/Preschool Experience: _____

Additional Information

(Please share anything helpful about your child: routines, preferences, or concerns.)

_____

_____

_____

Enrollment Fee:

A non-refundable enrollment fee of $150.00 per family is required. Enrollment is not complete until the fee is submitted. After February 28th, enrollment fee is $200.00 per family.

Payments are accepted with enrollment application via Zelle (directpay@stjohnslagrange.org under message to recipient, please put Enrollment Fee), as well as physical delivery or mail:

St. John's Lutheran School
Attn: Church Office
505 South Park Road
LaGrange, IL 60525

Checks should be payable to St. John's Lutheran School.

Enrollment Acknowledgement:

Signature _____ Date _____

Office Use Only
Date Received: _____
Enrollment Accepted: Yes / No
Start Date: _____
Fee Paid: _____

"Let's Make a Joyful Noise!" Psalm 98:4