



St. John's 3K & 4K Application for Enrollment & Emergency Information 515 5th Street Baraboo, WI 53913 (608) 963-5919

Please complete this form and return it to the Early Childhood Director or to the school office.

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Place a check by your	needed care for the 2023-2024 school year:
3K Program- <u>Full-Day</u> (8:00-	-3:00; must be 3 years old and fully potty trained)
3K Program- Half-Day (8:00-	-12:00; must be 3 years old and fully potty trained)
Friday full-day care (for 3K 8	& 4K students when class is not held on Fridays)
Name of Child:	Date of Birth:
rune or onnu.	
Place of Birth:	Male Female
Home Address:	
Mother's Name:	Phone:
Employer:	Work Phone:
Email:	
Father's Name:	Phone:
Employer:	Work Phone:
Email:	

Child lives with: _	Both Parents	Mother	Father	Other
Other Children in F				
Church Membershi	ip/ Affiliation:			
Emergency Contac	et #1:			
Relationship:		Phone:		
Emergency Contac	et #2:			
Relationship:		Phone:		
Person(s) authorize	ed to pick up child:			
Person(s) NOT auti	horized to pick up o	child(ren):		
1. What is your rea				-
2. Does your child (health issues, lear provide for your ch	ning, social, emotic	onal, discipline	e) which would	help us
3. Are there or have child's home life was a regular class?	hich could affect th	eir attitude, be	havior, or achie	-

4. Please list any medical conditions and/or	medications we should be aware of:
5. Are you willing to assist the teachers in e	
6. Are you interested in attending a series of better understand the Christian doctrine where Yes No	
6. Are you willing to have your child present their class (including Sundays and Christma	_
7. Are you willing to assist your child in lear Evangelical Lutheran Synod as they are taug to them at home?Yes No	•
8. Do you agree to meet all financial obligati handbook by the end of the school year inclYesNo	-
9. Have you read and agreed to the St. John	's handbook?YesNo
Mother's Signature:	Date:
Father's Signature:	Date: