



School Year 2025-2026 Enrollment / Registration Form

Child/Family Information:

Child's Name: _____ Date of Birth: _____

School Age Student's Grade Level as of 2025/2026 School Year: _____

Parent/Guardian's Name: _____ Phone#: _____

Email Address: _____

Parent/Guardian's Name: _____ Phone#: _____

Email Address: _____

Days and Hours of Attendance: (Please note we have a three day a week minimum)

Days: (Please circle) Monday Tuesday Wednesday Thursday Friday

Approximate hours of daily attendance (ex: 8am-4pm, **Not number of hours**) _____

Permission for Release of Child from St. John's ELC

St. John's ELC has my permission to release my child to the following people other than primary care givers. (Parents or Legal Guardians.):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Walking Trip Permission Off Site

My child _____ has permission to go on walking trips away from the premises of the school under the supervision of his/her teachers (within 1.5-mile radius of the school). Walking trips may include: Veteran's Memorial Park, Germantown Public Library, Kercher Park, Historic District, Bike Path, Senior Center, or the surrounding neighborhood.

Parent Signature: _____

Date: _____

See other side

Photograph/Video Consent

I agree that my child may be photographed or videoed for school purposes only.

YES or NO (circle one)

I agree that my child's photo or video may be shared to the school's webpage and or school's social media page.

YES or NO (circle one)

PLEASE READ AND SIGN

I understand that there is a non-refundable \$50 dollar registration fee required to hold my child's spot. I understand and agree that tuition will be charged for ALL hours or days my child is scheduled to attend whether he/she attends or not, payable one week in advance. I agree that my child is fully potty trained. I understand that my child's records must be on file by the first day of attendance. A medical and current shot record must be submitted to child's file within the first thirty days of attendance. I understand that there is a **2 WEEK WITHDRAWAL NOTICE REQUIRED.**

Parent/Legal Guardian Signature: _____ Date: _____