

Registration Form 2025/26 school year
St. John Lutheran Preschool
807 East Main
Abingdon, Va. 24210

Child's full name _____ name preferred _____
Date of birth _____ class? 3&4 yr. old / Pre-K
your address _____ City, Zip _____
Home phone# _____ Cell phone# _____
Father's name _____ phone # _____
Mother's name _____ phone # _____
Email address: _____
Does your child live with both mother and father? _____

Emergency contact
(other than parents, we will try to reach parents first)

Name & number _____
Physician's name & number _____
Insurance Co. and number _____

Known allergies, medical concerns, on medication? _____

Any concerns for the staff to be aware of? _____

Child's siblings (names & ages) _____

Child's pets _____ favorite color _____

Your home Church? _____

Your place of employment? _____

Your spouse's employer? _____

Enclosed is \$50.00 registration fee _____

Registration fees are used to secure your child's space in the class, and to purchase supplies for the school year.

I understand that this registration fee is non-refundable.

Parent signature _____ date _____