



St. John's Preschool
1009 Jackson St
Yankton, SD 57078
(605)665-7337

Christy Hagge, Head Teacher
Dee Mulder, Teacher

Dear Parents:

On the back of this page, you will find our enrollment form for the 2022-2023 year. **Please complete the form and mail/return with a \$40 nonrefundable fee to:**

**St. John's Preschool
1009 Jackson St.
Yankton, SD 57078**

The following are the times, classes, and tuition costs:

- **All Day Pre-K** (Monday-Friday 8:30-3:00) **Must be 4 yrs. by Sept. 1, 2022**
Cost is \$360/month per student. This price includes your child's catered lunch.
- **MWF All Day** (Monday, Wednesday, & Friday 8:30-3:00) **Must be 4 yrs. before Sept. 1, 2022**
Cost is \$215/month per student. This price includes your child's catered lunch.
- **M/W/F AM** (8:30-11:15) **Must be 4 yrs. before Sept. 1, 2022** Cost is \$90/month per student.
- **T/TH AM** (8:30-11:15) **Must be 3 yrs. before Sept. 1, 2022 and potty-trained.**
Cost is \$75/month per student.

If you have any questions regarding classes and/or your child's preschool class readiness, please contact us, Mrs. Hagge or Mrs. Mulder, and we will be happy to answer your questions. **If you are enrolling more than one child per family, you will pay only one \$40 administration fee (not double).**

God's Blessings,

Christy Hagge – stjlamb@iw.net
Dee Mulder – stjpreschool@iw.net

Today's Date _____

St. John's Preschool Registration Form 2022-2023

Please check which class to be enrolled in:

All Day Pre-K (M-F)
4 yrs. by Sept. 1, 2022

M/W/F AM
4 yrs. by Sept. 1, 2022

M/W/F All Day Pre-K
4 yrs. by Sept. 1, 2022

T/TH (AM)
3 yrs. by Sept. 1, 2022 & potty-trained

Child's Name _____
First Name Last Name

Date of Birth _____ Sex M ___ F ___ Baptized Y ___ N ___

Allergies: _____ Medications: _____

Child's Ethnicity: Caucasian African American Native American Hispanic Other

Do you have any concerns about your child's: (Please check if there are concerns)

___ Physical Development ___ Emotional Development
___ Language Development ___ Behavior
___ Social Development

Please circle if your child has received any of the following services;

Speech/Vision/Hearing Physical Therapy Birth to 3

Home Address _____
(Street/box) (City, State)

Parent's Name(s) _____

E-Mail Address _____

Phone Number(s) _____
Father's Mother's

Mother's Employer _____ Work Phone _____

Father's Employer _____ Work Phone _____

Siblings (Name/age) _____

Registered Church _____

St. John's Lutheran Preschool believes in order to provide the best academic and spiritual training, we must make certain exclusions. We strongly desire that children have an opportunity to receive a Christian education, but presently the school is unable to meet the needs of students with the following:

- ~serious emotional or behavioral problems
- ~a physical handicap which would impair the learning process

Referred by: _____