



St. John Preschool & Childcare Center
Childcare Option Form

Child's Full Name: _____ Birth Date: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Child's Nickname: _____

Name(s) of Parent(s): _____

Parent(s) Signature: _____

My child is enrolled in the following preschool class (check one):

- TTH AM (3 yr. 2-day class)
- TTH PM (3 yr. 2-day class)
- MWF AM (4/5 yr. 3-day class)
- MWF PM (4/5 yr. 3-day class)
- M-F AM (4/5 yr. 5-day class)
- M-F PM (4/5 yr. 5-day class)

Please select one of the following options below to receive childcare:

(Please see brochure for rates. All childcare option rates include meals.)

- Full-Time Childcare with Preschool (available M-F, 6:30 AM – 6:00 PM)
- Half-Time Morning Childcare with Preschool (available M-F, 6:30 AM – 1:00 PM)
- Half-Time Afternoon Childcare with Preschool (available M-F, 11:30 AM – 6:00 PM)

Thank you being part of St. John Preschool and Childcare Center!
Please complete this form and return it to the office by dropping it off or by mail.