

ST. JOHN'S PRESCHOOL

127 State Street
Kirkland, WA 98033
425-822-5079 (stjohnpreschool@hotmail.com)

REGISTRATION FORM (2026-2027)

Please Print Clearly

Child's Name _____ Name you wish used _____

Date of Birth _____ Sex M□ F□

Parent Name _____ Parent Name _____

Address _____ Primary Phone _____

City, State _____ Zip _____ Primary Email _____

Please list food/bee allergies _____

Active St. John's Episcopal Church member? Yes□ No□

Siblings and Ages _____

Previous Preschool or Group Experience _____

Where, or from whom, did you hear about St. John's Preschool? _____

Elementary school you will most likely attend _____

For which Class(es) are you applying? (Classes offered subject to minimum enrollment)

- Pre-3 Year Old (3 years old on/before 12/31) W/F **9:15 – 11:45** (\$400/mo)
- 3 Year Old (3 years old on/before 8/31) T/Th **9:00 – 11:30** (\$400/mo)
- 3 Year Old (3 years old on/before 8/31) M/W/F **9:00 – 11:30** (\$500/mo)
- 3 + Program (4 years old on/before 12/31) M/T/Th- **9:15 – 11:45** (\$500/mo)
- 4 Year Old (4 years old on/before 8/31) M-Th **9:00-12:45** &
Fri 9:00-Noon (\$750/mo)
- Pre-Kindergarten (5 years old on/before 12/31) M-Th **9:15-1:00** &
Fri 9:15-12:00 (\$750/mo)

TO RESERVE A SPACE FOR YOUR CHILD PLEASE RETURN THIS FORM along with a \$100 non-refundable registration fee per class.(except new registrants and extended programs) **A non-refundable supply fee, field trip fee, and first month's tuition are due in July.**

For Office Use Only:

Letter Sent: YES NO Date:	Reg. Fee Paid: Check#	OR CC Date:
Amount Due: \$		PAID- Date/Initials: