



ST. JOHN THE DIVINE EARLY LEARNING CENTER

PRE-ENROLLMENT REGISTRATION FORM

Thank you for registering your child for enrollment at the St. John the Divine Early Learning Center (ELC). We take your decision of selecting our program for your child seriously and are committed to living up to the important responsibility of nurturing, loving and educating your child in a Christian environment. Our brand-new ELC will be completed by April, 2020 and we anticipate opening by Summer, 2020. We will provide high-quality programs serving infants through Voluntary Pre-Kindergarten (VPK), with operating hours from 7:00 a.m. until 6:00 p.m. Monday through Friday.

To hold a space for your child (or place his/her name on the waiting list), please complete the Pre-Enrollment Form below and mail the completed form along with a \$100 registration fee to: St. John the Divine Early Learning Center, 3850 Atlantic Boulevard, Jacksonville, FL 32207 (please note the child's name in the Memo of the check; no registration fee required for VPK 9am-12pm only).

You will receive status and updates via email or by phone as we get closer to our opening date. In addition, our ELC Director will schedule a time for you and your child to tour the center and learn more about our program. The Director will also review the parent/guardian policies/procedures and enrollment forms at that time. We look forward to meeting you and your family.

| CHILD INFORMATION | | |
|-------------------|------------|----------------|
| First Name: | Last Name: | |
| Nickname: | M/F: | Date of Birth: |
| Address: | | |
| City: | State: | Zip Code: |

| MOTHER/GUARDIAN INFORMATION | | |
|------------------------------------|-------------|-----------|
| First Name: | Last Name: | |
| Address: (if different from child) | | |
| City: | State: | Zip Code: |
| Place of Employment: | | |
| Home Phone: | Work Phone: | |
| Cell Phone: | Email: | |



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| FATHER/GUARDIAN INFORMATION | | |
|------------------------------------|--------|-------------|
| First Name: | | Last Name: |
| Address: (if different from child) | | |
| City: | State: | Zip Code: |
| Home Phone: | | Work Phone: |
| Place of Employment: | | |
| Cell Phone: | | Email: |

Please indicate your program needs:

| | | |
|-------------------------|---|--|
| INFANT | <input type="checkbox"/> 5 Day Full Day (M-F) | <input type="checkbox"/> 3 Day Full Day (same days each week)* |
| | | |
| 1 YEAR OLD | <input type="checkbox"/> 5 Day Full Day (M-F) | <input type="checkbox"/> 3 Day Full Day (same days each week)* |
| | <input type="checkbox"/> 5 Day Morning 9-12 (M-F)* | <input type="checkbox"/> 5 Day Early Morning 7:30-12 (M-F)* |
| | | |
| 2 YEAR OLD | <input type="checkbox"/> 5 Day Full Day (M-F) | <input type="checkbox"/> 3 Day Full Day (same days each week)* |
| | <input type="checkbox"/> 5 Day Morning 9-12 (M-F)* | <input type="checkbox"/> 5 Day Early Morning 7:30-12 (M-F)* |
| | | |
| 3 YEAR OLD | <input type="checkbox"/> 5 Day Full Day (M-F) | <input type="checkbox"/> 3 Day Full Day (same days each week)* |
| | <input type="checkbox"/> 5 Day Morning 9-12 (M-F)* | <input type="checkbox"/> 5 Day Early Morning 7:30-12 (M-F)* |
| | | |
| 4 YEAR OLD (NON VPK) | <input type="checkbox"/> 5 Day Full Day (M-F) | <input type="checkbox"/> 3 Day Full Day (same days each week)* |
| | <input type="checkbox"/> 5 Day Morning 9-12 (M-F)* | <input type="checkbox"/> 5 Day Early Morning 7:30-12 (M-F)* |
| | | |
| 4 YEAR OLD VPK | <input type="checkbox"/> VPK 9-12pm 5 Day (M-F) <i>FREE</i> | <input type="checkbox"/> VPK Wrap Around 5 Day Full Day (M-F) |
| | <input type="checkbox"/> VPK 5 Day Early Morning Drop off 7:30am (M-F) | <input type="checkbox"/> VPK 5 Day Afternoon 12-3 (M-F) |

**Part-time is for the same days each week and only if space is available*

Desired Start Date: _____

Signature: _____ Date: _____

If you have any questions, please contact us at ELC.Contact@StJohnTheDivine.com.

| | | | |
|------------------|----------------------|--|---------------|
| OFFICE USE ONLY: | Date received: _____ | <input type="checkbox"/> Paid Enrollment Fee | Check #-_____ |
|------------------|----------------------|--|---------------|