ST. JOHN'S EARLY LEARNING CENTER 2023-2024 Waitlist Form

Date:	Child's Name:			Cla	Class:	
	Date of Birth:	i: Gend		Stai	rt Date:	
Billing Inf	ormation for Financi	ally Responsible	Parent:			
Last Name	e:		First Name			
Address:					Phone:	
				Email:		
	TUITION WILL BE IN' ircle one option~	VOICED IN EQUA	AL 12 MONT	H INSTALLI	MENTS AS FOLLOWS:	
		Toddler 1	То	ddler 2	Preschool/Pre-K	
2 Day Opt	ion (T/Th)	\$891		\$869	\$724	
3 Day Opt	ion (M/W/F)	\$1,339	\$	1,296	\$1,091	
5 Day Opt	ion (M-F)	\$1,755	\$	1,733	\$1,447	
of registra	ation, you will be give	en a web link to	create a Bla	ickbaud Tui	ackbaud Tuition fee. At the time tion account and pay your complete until this is done.	
					email from TADS asking you to complete until this is done.	
understood before any for emerge medical in	d that every effort will by action will be taken. Tency care regarding m	oe made to locate The people listed a y child, unless oth y child with teach	family/guard as emergend erwise spec	dians/person by contacts a ified. I give S	ild, should an emergency arise. It is is listed as emergency contacts re also authorized to give consent it. John's permission to share o are responsible for my child's	
Parent or le	egal guardian signatur	e:			Date:	