

**EAGLE'S NEST PRESCHOOL  
2025-2026 REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_  Male  Female \_\_\_\_\_  
(Nickname)

PARENT'S NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK)

(CELL) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR SCHOOL? \_\_\_\_\_  St. John's Member

WHERE WILL YOUR CHILD ATTEND KINDERGARTEN? \_\_\_\_\_

**PLEASE INDICATE 1ST AND 2ND CHOICE:** *class schedule is subject to change based on enrollment*

- |   |                        |                 |                  |
|---|------------------------|-----------------|------------------|
| 1. _____ 3-year-old class<br>(3 by Sept. 1) | T TH<br>(15 students)  | 8:25-11:25 a.m. | \$115.00 per mo. |
| 2. _____ 3-year-old class<br>(3 by Sept. 1) | M W<br>(15 students)   | 8:25-11:25 a.m. | \$115.00 per mo. |
| 3. _____ 4-year-old class<br>(4 by Sept. 1) | T TH<br>(15 students)  | 8:25-11:25 a.m. | \$115.00 per mo. |
| 4. _____ 4-year-old class<br>(4 by Sept. 1) | M W F<br>(15 students) | 8:25-11:25 a.m. | \$160.00 per mo. |

I/we acknowledge that Eagle's Nest Preschool is a Christian based program, and as such I/we understand that my/our child will receive formal religious instruction such as Jesus Time, devotions, Chapel time, prayers, etc. We observe religious holidays.

PARENT SIGNATURE \_\_\_\_\_

**(All children must be potty trained due to state regulations!)  
TO HOLD YOUR CHILD'S PLACE IN A CLASS, PLEASE RETURN THE FOLLOWING:**

1. **COMPLETED REGISTRATION FORM**
2. **REGISTRATION FEE of \$185.00 (Non-Refundable)**

(The "Registration Fee" may be sent in (2) payments within 30 days.)

There is a 10% discount for those who choose to pay an annual lump sum & a 5% discount to pay semi-annually.

**PLEASE MAKE CHECKS PAYABLE TO "EAGLE'S NEST PRESCHOOL" and mail to 901 W Jefferson, Effingham, IL 62401.**

**217/342-4334 / [www.eaglesnestpreschool.com](http://www.eaglesnestpreschool.com) / [carrie.collier@stjohnslcms.net](mailto:carrie.collier@stjohnslcms.net)**

(Preschool use only) DATE RECEIVED: \_\_\_\_\_ REGISTRATION FEE: \_\_\_\_\_ CHECK # \_\_\_\_\_

ACCEPTANCE LETTER