

St. Paul Christian School Twos Learning Center, Preschool, Kindergarten

Student Application - 3 year olds

2018 - 2019

__ Monday/Wednesday/Friday 9:00 am - 12:00 pm
__ Monday/Wednesday/Friday 9:00 am - 2:00 pm
__ Tuesday/Thursday 9:00 am - 2:00 pm
__ Monday through Friday 9:00 am - 12:00 pm
__ Monday through Friday 9:00 am - 2:00 pm
__ Before Care 8:00 am - 9:00 am
__ After Care 2:00 pm - 3:00 pm

Teacher _____
Date Registration Paid _____
First Day of School _____
August 2018 _____

Student's name _____
Last First Middle Preferred Name

Address _____
Street City State Zip Date of Birth

Home Telephone _____ Mother's Mobile Phone _____

Gender: _____ Boy _____ Girl Email Address: _____

Does your child speak English? Yes / No Is English the primary language spoken at home? Yes/No

Does your child currently take a daily nap? Yes / No

Is your child currently potty trained? Yes / No If not, do you feel you child will be potty trained by the start of school? Yes / No

I accept the school policy that all children must be potty trained by three years of age. Please Initial _____

Family Information

(We are required by state licensing to have contact information (phone numbers) for BOTH mother and father.)

Father's Name

Mother's Name

Home Address (If different from above)

Home Address (If different from above)

Home Phone Business Phone

Home Phone Business Phone

Father's Employer Position

Mother's Employer Position

Mobile/Cell #

Mobile/Cell #

Parents are: _____ Married _____ Separated _____ Divorced _____ Other

Are there any special child custody arrangements that the school should be aware of? _____

Please list the Name, Address, and Phone # of any other child care center or home your child attends

Person to Notify in Case of Emergency (other than parent)

Name Address Phone

Name Address Phone

Authorized Release

In the event that you are unable to pick up your child from the program, please list the names of the person to whom your child may be released:

Name Address Phone

Name Address Phone

Family Life

___ Church Membership _____
Name City

___ We have no Church Membership at this time Would you be interested in information about ESL? ___ Yes ___ No

Family Nationality _____
(This helps the teachers in making your child's experience a welcoming one.)

Medical Information

Doctor's Name Address Phone #

Does your child have any known food allergies? _____

Does your child have any other known allergies? _____

Does your child have any medical conditions? _____

Does your child have any physical limitations? _____

Any previous serious illness and/or injury? _____

Any hospitalizations within the past 12 months? _____

If there is any other information that would be helpful, please provide _____

I understand that a non-refundable registration fee of \$125/\$150/\$175 is due with this application.

Parent or Legal Guardian

Date