

**ALL FIELDS ARE REQUIRED TO BE COMPLETED**

**Student Application - 3 year olds  
2017 - 2018**

**St. Paul Christian School Twos Learning Center, Preschool, Kindergarten and 1<sup>st</sup> Grade**

Monday/Wednesday/Friday 9:00 am - 12:00 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

Teacher \_\_\_\_\_  
Date Registration Paid \_\_\_\_\_  
First Day of School \_\_\_\_\_  
May 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 - If not, please register only for M/W/F

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 \_\_\_\_\_  
Church Name City

We have no Church Membership at this time

Family Nationality \_\_\_\_\_

## 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