

ALL FIELDS ARE REQUIRED TO BE COMPLETED

**Student Application - 4 year olds/Pre-K
2017 - 2018**

St. Paul Christian School Twos Learning Center, Preschool, Kindergarten and 1st Grade

<input type="checkbox"/> Monday/Wednesday/Friday	9:00 am - 2:00 pm	Teacher _____
<input type="checkbox"/> Tuesday/Thursday	9:00 am - 2:00 pm	Date Registration Paid _____
<input type="checkbox"/> 5 Day Extended, Mon - Fri	9:00 am - 2:00 pm	First Day of School _____
<input type="checkbox"/> 5 Day - Mon/Wed/Fri Tue/Thu	9:00 am - 12:00 pm 9:00 am - 2:00 pm	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

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