

**St. Paul Christian School Twos Learning Center, Preschool, Kindergarten**  
**Student Application - Kindergarten**  
**2018 - 2019**

Monday through Friday 9:00 am - 2:00 pm Teacher \_\_\_\_\_  
\_\_ Before Care 8:00 am - 9:00 am Date Registration Paid \_\_\_\_\_  
\_\_ After Care 2:00 pm - 3:00 pm 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

**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