

ENROLLMENT INFORMATION - ST. PAUL LUTHERAN SCHOOL & PRESCHOOL

STUDENT INFORMATION

Child's Full Name:		Nickname:	Phone:
Address:		Enrolling in: P3 P4	School Year: 20__ - 20__
City:		State:	ZIP Code:
Date of birth:	Place of Birth (City, ST):		Gender: M F
Child lives with (Choose only one): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other_____			
Does child live with both biological parents: Y N If "NO," explain the circumstances:			
Child Baptized: Y N	Date of Baptism:	(Name, City, ST) Church Baptized:	
Race (Choose only one): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Is child Hispanic/Latino? Y N			

FAMILY INFORMATION

Father/Guardian Full Name:		Biological Father: Y N	
Address (if different from child):			
Employer:		Profession:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:		Church Membership:	
Mother/Guardian Full Name:		Biological Mother: Y N	
Address (if different from child):			
Employer:		Profession:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:		Church Membership:	
If parents are not members of St. Paul, are you interested in membership? Y N			
Step-Parents or Guardian or Adoptive Parent Information:			
Name:	Phone:	Email:	
Sibling's Name:	Sibling's Name:	Sibling's Name:	
Age:	Age:	Age:	
Grade:	Grade:	Grade:	

EMERGENCY CONTACTS (IN CASE YOU CANNOT BE REACHED)

Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:

MEDICAL INFORMATION

Family Doctor:	Phone:
Allergies/Treatment:	Special remarks/Medication:

PRESCHOOL PROGRAM 3- & 4-YEAR OLDS

Circle attendance days at our licensed and approved Preschool Program.

You can choose Half Days, Full Days, or a combination of both.

Half-day Morning Preschool	8 a.m. - 11 a.m.	Circle Days Attending:	M	T	W	Th	F
Full-day Preschool	8 a.m. - 3 p.m.	Circle Days Attending:	M	T	W	Th	F

SKILLS & PERSONALITY PROFILE

Does your child dress independently?

Does your child have toileting problems?

How does your child react to direction and requests?

Does your child have any fears we should be aware of?

Is your child right-handed or left-handed?

Special remarks concerning child:

SCHOOL PUBLICATION INFORMATION

Send School Newsletter ("Potpourri") to: ☐ Father's email ☐ Mother's email ☐ Both emails

Send Fast Direct (our School Information System) messages to: ☐ Father's email ☐ Mother's email ☐ Both emails

Send Fast Direct messages as texts to: ☐ Father's cell (Provider _____) ☐ Mother's cell (Provider _____)

Publish in FastDirect school directory ("Buzz Book")? Home address: ☐ Yes ☐ No Home phone: ☐ Yes ☐ No

Photograph Authorization: I give permission for the use of photographs of my child by St. Paul Lutheran School & Preschool for promotional purposes, including but not limited to print materials, in-house newsletters, in-house television screens, social media, community publications, and church publications. ☐ Yes ☐ No

AGREEMENT

I/we agree to abide by the rules and regulations of St. Paul Lutheran School and Preschool as stated in the agreement and any other notices or communications by the school administration, including but not limited to the Parent Handbook (available in the school office or online at stpaulbaycity.org). I understand that false or misleading information on this application constitutes grounds for dismissal. I understand that compliance with St. Paul Lutheran School and Preschool policies and procedures are my responsibility and that failure to comply may lead to the dismissal of my child(ren) from St. Paul Lutheran School and Preschool. I also understand that suspension and expulsion from the school and preschool is at the sole discretion of St. Paul Lutheran School and Preschool.

Please initial each of the following items:

____ I attest that the information contained in this application is accurate and that I have not willingly withheld any pertinent data.

____ I understand that all new students may be interviewed and academically tested prior to being accepted to St. Paul Lutheran School & Preschool.

____ I understand that all new students accepted and enrolled are subject to a six-week probationary period from the first day of attendance.

Printed Name: _____ Signature of Parent/guardian: _____ Date: _____

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Optional Forms & Paperwork (available on website or from office if requested):

Please check the box to request a printed copy from the office:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pesticide Notification Request | <input type="checkbox"/> Financial Assistance Application Link | <input type="checkbox"/> Preschool Handbook |
| <input type="checkbox"/> Bus Transportation | <input type="checkbox"/> Extended Care Registration Info | |
| <input type="checkbox"/> Free & Reduced Lunch Application | <input type="checkbox"/> Prescription Medication Form | |

For Center Use:

Date Application received _____ Reg. fee (non-refundable) paid \$ _____ Check # _____ Date _____ Snack fee paid _____

Health Appraisal returned _____ Immunization record _____ Child Info Record Card _____ Licensing Notebook Form _____