



**St. Paul's Day Care  
Student Application**

Name of Child \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Birth date \_\_\_\_\_ Sex: Male Female

Mailing \_\_\_\_\_ Street \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ School District \_\_\_\_\_

Do both parents reside at the above address? \_\_\_\_\_ If not, does the absent parent see the child on a regular basis? \_\_\_\_\_

What name does your child go by? \_\_\_\_\_

Please list any siblings and their ages \_\_\_\_\_  
\_\_\_\_\_

Has your child attended any other school or day care? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

When was your child toilet trained? \_\_\_\_\_

Children in diapers are not accepted into Pre-K

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Does your child have any known food or medication allergies? \_\_\_\_\_

What activities does your child most enjoy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Registration Paid \_\_\_\_\_

Name of Parents or Guardian:

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Mother (maiden name) Employer/Occupation Telephone

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Father Employer/Occupation Telephone

Which parent is easiest to contact during the day in the event of an  
Emergency? \_\_\_\_\_

Please list additional people we could contact and/or release your child to in the event of  
an emergency.

1<sup>st</sup> Choice

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone number during the day \_\_\_\_\_

2<sup>nd</sup> Choice

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone number during the day \_\_\_\_\_

List any other relatives authorized to pick-up your child during the school day?

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please return to: St. Paul's Day Care  
548 Old Swede Road  
Douglassville, PA 19518  
(610) 385-3333  
(610) 385-6445 fax number