

**St. Paul's Child Development Center
Student Application**

Name of Child _____ Today's Date _____

Child's Birth Date _____ Sex: Male Female

Mailing Address: _____ Street 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 for how long?

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? _____

Name of Parents or Guardian:

Mother (Maiden Name) Employer/Occupation Telephone

Father Employer/Occupation Telephone

Which parent is easiest to contact during the day in the event of an emergency? _____

Start Date: _____

End Date: _____

Registration Paid: _____

Child History

Check the following that apply to your child _____ Nail Biting _____ Thumb Sucking _____ Stuttering

Describe any other behaviors you would like us to know about.

Does your child have any special needs? _____

Does your child have early intervention services*? ___ No ___ Yes ___ IFSP ___ IEP

*Please provide the classroom employees with a copy of the evaluation and IFSP or IEP.

Family History

Is there any information about your family you would to share? Yes or No

Explain: _____

Are there any custody issues? Yes or No

Explain: _____

If yes, please provide a copy of a Court Order so we can support your legal custody agreements.

Does your family receive other services? (Check those that apply)

___ DHS ___ SCOH ___ DPW ___ Medical Assistance ___ Community Behavioral Health

Is there any information about your family’s culture, ethnicity, language or religion that is important for us to know? Would you and/or your family like to be a resource for any cultural awareness activities?

Explain: _____

Signature of Parent/Guardian completing this form: _____ Date _____

Employee Use Only:

Child’s Start Date in Classroom _____

Getting to Know You Conference Completion Date _____ Circle one: Face to Face or Phone

Employee Signature: _____

Start Date: _____

End Date: _____

Registration Paid: _____