



**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) \_\_\_\_\_

Are you looking for Full Time: \_\_\_\_\_ or Part Time (<22 hours per week): \_\_\_\_\_

Approximate Drop Off Time: \_\_\_\_\_ Approximate Pick-Up Time: \_\_\_\_\_

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

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

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

Parent #1 Email: \_\_\_\_\_

Parent #2 Email: \_\_\_\_\_

### 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 prior to their start date.**

### 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about St. Paul's CDC? \_\_\_\_\_

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:** \_\_\_\_\_