

**ST. PAUL EARLY EDUCATION CENTER APPLICATION FOR ENROLLMENT**☐ 3'S M-T 9:15 – 11:15 AM☐ 4' S W-TH-F 9:15-11:45 AM☐ Pre-K T-W-TH-F – 12:30 – 3:00 PM

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**FAMILY AND SOCIAL HISTORY**CHILD'S NAME \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Month/Day/Year

Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip CodeMother \_\_\_\_\_  
Full Name Occupation

Home Address City State Zip Code

Father \_\_\_\_\_  
Full Name Occupation

Home Address City State Zip Code

Marital Status of Parents \_\_\_\_\_  
Married/Separated/Divorced/Widowed/Single Parent

Child lives with \_\_\_\_\_ Parent with Legal Custody \_\_\_\_\_

Brothers \_\_\_\_\_  
Name Age Name Age Name AgeSisters \_\_\_\_\_  
Name Age Name Age Name Age

Other household members \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Child's other group activities \_\_\_\_\_

Does your child have regular playmates? \_\_\_\_\_

Does he/she have pets? \_\_\_\_\_ If yes, what type of pet \_\_\_\_\_  
Yes/No

Allergies and any special precautions and/or treatments indicated for these allergies: \_\_\_\_\_

Medications, food supplements, modified diets or fluoride supplements currently being administered to your child: \_\_\_\_\_

Chronic physical problems and any history of hospitalization: \_\_\_\_\_

Diseases your child has experienced: \_\_\_\_\_

Anything else we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DEVELOPMENTAL HISTORY:

Is your child right or left handed? \_\_\_\_\_

How much sleep does your child get at night? \_\_\_\_\_ Does he/she nap during the day? \_\_\_\_ Yes \_\_\_\_ No

What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_

Special fears your child has: \_\_\_\_\_

Special concerns you have about your child's speech, vision or hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of discipline do you use with your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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During the year we will be taking pictures for bulletin boards, slide presentations, etc. The children would be shown but never named.

\_\_\_\_ Yes, I give permission for my child to be photographed and included in the slide presentation, bulletin board, etc.

\_\_\_\_ No, I do not want my child to be photographed and included in the slide presentation, bulletin board, etc.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Please feel to add any other information about your child that would help us to understand and relate to him/her.**

**Return application with a \$75.00 registration/supply fee (non-refundable) to:**

**St. Paul Early Education Center  
276 E. Bagley Road  
Berea OH 44017**