

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

FAMILY AND SOCIAL HISTORY

CHILD'S NAME _____ Birthdate _____
Last First Middle Month/Day/Year

Nickname _____ Male _____ Female _____ Phone _____

Address _____
Street City State Zip Code

Mother _____
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 Age

Sisters _____
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: _____

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? _____

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

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 \$50.00 registration/supply fee (non-refundable) to:

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