

<p style="text-align: center;">2018-2019 School Year</p> <hr/> <p style="text-align: center;">St. Paul Member Yes / No</p>	<h2 style="margin: 0;">ST PAUL LUTHERAN EARLY CHILDHOOD PROGRAM</h2> <p style="font-size: small;">St. Paul Lutheran School 608 E. Columbia Farmington, MO 63640 573-756-5147</p>	<p style="text-align: center; font-size: small;">OFFICE USE ONLY</p> <p>Rec'd _____</p> <p>Amount Pd. _____</p> <p>Ck# _____</p>
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**Registration fee (non-refundable), copy of child's birth certificate, and current copy of immunization records must accompany this form to secure enrollment in St. Paul Early Childhood Program.**

**Student's Name** \_\_\_\_\_  
(last) (first) (middle) (nickname)

**Address** \_\_\_\_\_  
(street) (city) (state) (zip)

Phones: Home \_\_\_\_\_ Cell provider for text notifications: \_\_\_\_\_  
 Mother's cell \_\_\_\_\_ Father's cell \_\_\_\_\_  
 Mother's work \_\_\_\_\_ Father's Work \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex: Male Female

Email address \_\_\_\_\_

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Employer _____	Employer _____

Who will be responsible for payment of tuition? \_\_\_\_\_

Child lives with: Parents Guardian Mother only Father only

Siblings/dates of birth  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHURCH INFORMATION**

Family attends Church/Sunday School/Bible Class \_\_\_ regularly \_\_\_ occasionally (1-2 per mo.) \_\_\_ seldom

Church presently attending: \_\_\_\_\_

Pastor's name \_\_\_\_\_ Church Phone \_\_\_\_\_

Church address \_\_\_\_\_ Church Membership: \_\_\_Mother \_\_\_Father

Are you interested in membership at St. Paul? Yes No

Has your child been baptized? Yes No If so, where/date \_\_\_\_\_

**PHYSICAL**

Was child premature? \_\_\_no \_\_\_yes If yes, by how long?\_\_\_\_\_ Birth Weight\_\_\_\_\_

List any significant health problems that your child has: \_\_\_\_\_

Your child MUST be potty trained (no Pull-ups) to attend St. Paul Early Childhood Program.

Does your child have any special toileting needs? \_\_\_\_\_

Does your child have any food related or other allergies? \_\_\_No \_\_\_ Yes If so, please list:\_\_\_\_\_

**SOCIAL**

Has your child participated in?

\_\_\_Parents as Teacher \_\_\_Mineral Area’s College Early Screening Program

\_\_\_Headstart \_\_\_Farm. RVII Early Childhood Special Services

\_\_\_Other nursery or daycare\_ (please list) \_\_\_\_\_

Family pets: \_\_\_\_\_

Child’s special interests: \_\_\_\_\_

Parent’s special interests: \_\_\_\_\_

Child’s special friends/social relationships \_\_\_\_\_

What expectations do you have for your child in our program?\_\_\_\_\_

\_\_\_Will your child be dropped off and/or picked up by a child care center? \_\_\_No \_\_\_Yes, \_\_\_\_\_  
(name of center)

**HEALTH**

Has your child ever had any ear/hearing examinations or treatment? \_\_\_No \_\_\_Yes

When\_\_\_\_\_ Results\_\_\_\_\_

Does your child:

Seem to have difficulty hearing \_\_\_No \_\_\_Yes

Turn up the TV louder than other family members \_\_\_No \_\_\_Yes

Seem to hear you if you talk in a whisper \_\_\_No \_\_\_Yes

Make you talk loudly or repeat frequently \_\_\_No \_\_\_Yes

Has your child ever had any vision examination or treatment? \_\_\_No \_\_\_Yes

When\_\_\_\_\_ Results\_\_\_\_\_

Does your child:

Seem to have difficulty seeing small lines or pictures \_\_\_No \_\_\_Yes

Seem to have problem seeing things far away \_\_\_No \_\_\_Yes

Squint \_\_\_No \_\_\_Yes Wear glasses \_\_\_No \_\_\_Yes

Get headaches \_\_\_No \_\_\_Yes Have eyes turn in ( ) or turn out ( ) \_\_\_No \_\_\_Yes

**Does your child:**

Talk a lot \_\_\_No \_\_\_Yes Talk so you can understand him \_\_\_No \_\_\_Yes

Talk so other adults can understand him \_\_\_No \_\_\_Yes

Seem to talk as well as other children his age \_\_\_No \_\_\_Yes

Do you think your child has a problem:

Making speech sounds \_\_\_No \_\_\_Yes Putting words together \_\_\_No \_\_\_Yes

Repeating words or sounds too often \_\_\_No \_\_\_Yes

Understanding what you say to him \_\_\_No \_\_\_Yes

**KINDERGARTEN ENROLLMENT INFORMATION**

After finishing early childhood, I will most likely enroll my child in the following kindergarten:

\_\_\_St. Paul \_\_\_St. Joseph Catholic \_\_\_Farm. RVII \_\_\_Other:\_\_\_\_\_

**EARLY CHILDHOOD ENROLLMENT:**

<u>SESSION</u>	<u>DAYS PER WEEK</u>	<u>TIMES</u>
_____	Mon. – Fri AM (5 days, 4 yr. old)	7:50 – 11:30 AM
_____	Mon.-Thurs PM (4 day, 4 yr. old)	12:30 – 3:00 PM
_____	Tues. /Thurs AM (2 days, 3 yr. old)	7:50 – 11:30 AM
_____	Mon. /Wed/Fri. AM (3 days, 3 yr. old)	7:50 – 11:30 AM