**Child’s Name:**  Click or tap here to enter text.

**Nickname:**  Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date. **Age:** Click or tap here to enter text. **Gender:** Choose an item.

**Address:** Click or tap here to enter text.

**Parent’s name:** Click or tap here to enter text. **Cell #:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Work #:** Click or tap here to enter text.

**Parent’s name:** Click or tap here to enter text. **Cell #:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Work #:** Click or tap here to enter text.

**Child lives with: Both parents**  **One parent**  **if so, which one:** Click or tap here to enter text.

**50/50**  **Other** Click or tap here to enter text.

Enrollment is on a “first-come, first-serve” basis, so please register early. Indicate your 1st and 2nd choices for the class you would like to enroll your child.

**Classes Offered:**

3- & 4-year-old Mon, Wed, Fri 9-11:30 AM Click or tap here to enter text.

3- & 4-year-old Mon, Wed, Fri 12:30-3 PM Click or tap here to enter text.

4 ½ -5-year-old Mon, Wed, Fri 9 AM-2 PM Click or tap here to enter text. (You must provide lunch.)

Please list any previous school experience your child has had:

Click or tap here to enter text.

Tell us how you heard about St. Paul’s Preschool:

Click or tap here to enter text.

**Emergency Contacts:** In case of emergency, please list two people (other than parents) to contact if the parents cannot be reached:

Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

**Medical & Background Info**

Allergies: Click or tap here to enter text.

Doctor: Click or tap here to enter text. Hospital Preference: Click or tap here to enter text.

Has there been any home experience that might affect your child’s behavior in school- such as death,

frequent moves, divorce, recent births, etc.? Click or tap here to enter text.

Please list all siblings (names & ages): Click or tap here to enter text.

**Dismissal:** If someone other than the child’s parents will be picking up your child, they must show your child’s carpool number. You will also need to provide a note granting your permission. This note can be sent into school with your child or shared with the pickup person.

**Student Release Form**

I give St. Paul’s Preschool permission to take photos or videos of my child and share them on our social media sites and in our printed publications for communication & advertising purposes.

I do not give St. Paul’s Preschool permission to use my child's photo or video on our social media sites and in our printed publications for communication & advertising purposes.

**Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

*Your typed name is your legally binding signature.*

**Drop off or mail registration form along with $55.00 non-refundable registration fee to:**

St. Paul’s Lutheran Preschool

3108 Sterrettania Road, Erie, PA 16506