

Date of Acceptance _____

**ST. PAUL EARLY LEARNING CENTER
ENROLLMENT FORM**

Child's Name _____
Last First Preferred

Birthdate _____ Age _____ Sex _____

Address _____
Number and Street City State Zip

_____ Catholic _____ Non-Catholic

We are a member of _____ Church/Parish.

	Mother	Father
Full Name		
Cell phone		
Home phone		
Email		
Occupation		
Employer		
Business phone		

Parent's Marital Status: _____ Married _____ Divorced _____ Single

*If divorced, please feel out further information on the back of this form.

The following person(s) is authorized to pick up my child (other than parents):

_____ Name	_____ Relationship/phone number
_____ Name	_____ Relationship/phone number
_____ Name	_____ Relationship/phone number
_____ Name	_____ Relationship/phone number

Other Children in Family

_____ Name	_____ Birthday
_____ Name	_____ Birthday

Medical problems of applicant, if any (allergies, etc.)

Other pertinent information _____

Emergency Contact other than parent:

	1st Contact	2nd Contact
Full Name		
Relationship		
Phone/Home		
Phone/Cell		
Phone/Business		

If applicable:

***Who has legal custody?** _____
(Please provide custody papers.)

May the non-custodial parent pick the child up? _____

	Stepmother	Stepfather
Full Name		
Cell phone		
Email		
Occupation		
Employer		
Business phone		

Handbook

I have read St. Paul Learning Center's handbook and do understand all of the policies and regulations of the Learning center. I agree to follow these rules and policies as presented in this handbook.

Child's Name _____

signature _____ Date _____

Printed name _____