



**Sts. Peter & Paul Kinder Haus
Enrollment Application for 2018-2019**



The current age cut-off date is Aug. 1st. **Please circle which preschool session you are preregistering your child in:**

2 Day Class Session (AM only) or 3-Day Class Session

*Note: The Sts. Peter and Paul Kinder Haus order of Enrollment Policy is as follows:

- Active Sts. Peter & Paul
- Active Catholic Non-Parishioner with Siblings in School
- Active Catholic Non-Parishioner
- Active, Non-Catholic, Non-Parishioner with Siblings in School
- Inactive Parishioner
- Non-Catholic, Non-Parishioner

Child's Name: First:		Full Middle Name:		Last:	
Age:		Birth Date:		Gender:	
Child's Race: (Please Circle all that apply) African American Asian Native American Pacific Islands or White					
Ethnic Culture: (Please Circle One) Hispanic or Non-Hispanic					
It is the policy of Sts. Peter & Paul School that students of any color, race, sex, creed, national & ethnic origin be admitted to all rights, privileges, program, activities generally accorded or available to students at the school.					
Mailing Address:					
City:		State:		Zip:	
Child's Physician:		Phone:			
Child's Dentist:		Phone:			
Hospital Preference:					
Any known allergies, medications, surgeries, special health, speech, physical needs, or educational needs? Do any of these needs limit his/her play or food that he/she eats?					
Parents: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/>					
Child lives with: Both _____ Mother _____ Father _____ Other _____					
Person to contact in case of emergency:		Relationship:		Phone:	
I hereby Authorize emergency medical treatment for my child in the event I cannot be contacted to give my permission to treat. I understand that I will be financially responsible for the cost of such treatment.					
Signature of Parent or Guardian: _____				Date: _____	
Father's Name:					
Religion:		Parish:		<input type="checkbox"/> Registered Member at Sts. Peter & Paul	
Address if different:				Home Phone:	
City:		State:		Zip:	
Father's Occupation:				Email:	
Employed by:		Work Phone:		Cell Phone:	
Mother's Name:					
Religion:		Parish:		<input type="checkbox"/> Registered Member at Sts. Peter & Paul	
Address if different:				Home Phone:	
City:		State:		Zip:	
Mother's Occupation:				Email:	
Employed by:		Work Phone:		Cell Phone:	
Note: Children will not be permitted to leave school with anyone other than the parent or carpool driver without permission.					

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STUDENT INFORMATION

Child's Name:
The name that you prefer your child to be called, learn to write and recognize at school:
(Please Print):

Other children in the family and/or members of the household:

Name:	Date of birth:	Relationship to child:

ABOUT YOUR CHILD

Favorite play materials:	
Favorite outdoor play activities:	
Favorite indoor play activities:	
Pets:	Favorite play toy:
Does your child like to listen to stories? _____ music? _____ TV? _____	
Is there a preference of these?	
Has your child attended any school before? _____ If so, where?	
Would you describe your child as quiet or active?	
Does your child have any special fears?	
Is your child right or left handed?	
How would you generally describe your child's personality?	
Any other parent comments to help us better understand your child?	
What do you want to receive from the Preschool Experience for your child and also for yourselves as a parent?	

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