

For school year:  
2005-2006

**ST PAUL LUTHERAN  
EARLY CHILDHOOD  
PROGRAM**

St. Paul Lutheran School  
608 E. Columbia  
Farmington, MO 63640  
573-756-5147

OFFICE USE ONLY

Rec'd \_\_\_\_\_

Member \_\_\_\_\_

Nonmember \_\_\_\_\_

Reg. Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

CLASS:  
5AM(K) \_\_\_\_\_  
4AM(K) \_\_\_\_\_  
4PM(K) \_\_\_\_\_  
4AM(E) \_\_\_\_\_  
2PM(M/W) \_\_\_\_\_  
2PM(T/Th) \_\_\_\_\_

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

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

Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (parent's work) \_\_\_\_\_

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

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

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? \_\_\_\_\_

**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 \_\_\_\_\_

Seem to have difficulty seeing small lines or pictures  No  Yes

See 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:**

SESSION	DAYS PER WEEK	TIMES	MONTHLY TUITION
_____	Mon. – Fri AM (5 days)	8:00 – 11:30 AM	\$175
_____	Mon.-Thurs AM (4 days)	8:00-11:30 AM	\$145
_____	Mon.-Thurs PM (4 days)	12:30 – 3:00 PM	\$108
_____	Tues./Thurs PM (2 days)	12:30 – 3:00 PM	\$55
_____	Mon./Wed PM (2 days)	12:30 – 3:00 PM	\$55

Registration Fees: 5 day sessions: \$85 4 day sessions: \$70 2 day sessions: \$45

Registration fees are due upon enrollment and must accompany application form. This fee is non-refundable unless the school refuses application.

Please attach a copy of child's birth certificate.