



St. Paul Lutheran School and Early Childhood

2001 Old Frederick Road
Catonsville, Maryland 21228
410.747.1924

For School Use Only

Date app. Rec'd _____
Registration Fee Paid _____
(Check #/Amount)

Start Date _____

EARLY CHILDHOOD APPLICATION FOR ADMISSION

Choose age-appropriate program Preschool 2 Preschool 2/3 Preschool 3 Preschool 4 Transitional 4
Number of days requested Two Days Three Days Five Days M T W TH F
Length of day desired Morning School Day Extended Day Toilet Trained

PLEASE PRINT:

Child's Name: _____
(Last) (First) (Middle)

Student's Home Address: _____

City, State, Zip Code: _____ Home Phone: _____

Date of Birth: _____ Place of Birth: _____ Gender: M F (circle one)

Last School Attended: _____

Last Schools' Address: _____ City: _____ State: _____ Zip: _____

Reason for Changing Schools (if applicable): _____

Identify diagnosed learning difficulties if applicable: _____

St. Paul Lutheran School does not have the resources necessary to implement an Individualized Educational Plan (IEP) written for a student under PL 504. Upon enrolling a child at St. Paul a parent or legal guardian relinquishes his/her rights to the implementation of an IEP.

Parents/Guardians: (In case of separation or divorce, where legal custody is held by both parents both addresses **MUST** be listed.)

Parents are: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Legal Custody of child(ren): _____ Both Parents _____ Mother _____ Father _____ Legal Guardian(s) _____

(NOTE: If legal custody rights are restricted against either parent, a copy of the court order must be kept on file in the school office.)

Mother/Guardian: _____

Father/Guardian: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Mother's Social Security Number: _____

Father's Social Security Number: _____

Mother's Email Address: _____

Father's Email Address: _____

Mother's/Guardian's Work Phone: _____

Father's/Guardian's Work Phone: _____

Mother's/Guardian's Cell Phone: _____

Father's/Guardian's Cell Phone: _____

Ethnic Background: _____ Caucasian _____ Black _____ Asian _____ Hispanic _____ Other: _____

(For statistical records only)

Employment Information

Mother/Guardian's Occupation: _____

Employer's Name & Address: _____

Father/Guardian's Occupation: _____

Employer's Name & Address: _____

Health History: (Where there is more than one child on the application, please attach additional sheets for each child's history.)

Are there any medical conditions, injuries, illnesses, allergies of which we need to be aware? If so, please list:

Is child under the care of a physician, psychiatrist, or psychologist for any condition? If so, please list:

Is child on any medication? If so, please list: _____

Church Information – Family Church: _____ Denomination: _____

Church Address: _____ Pastor's Name: _____

Is child baptized? _____ Child's Baptismal Dates: Please list month & year: _____

I am interested: _____ information about the Lutheran Church-Missouri Synod _____ a call by St. Paul's Pastor _____ Baptism

Miscellaneous: Please list all siblings and their ages: _____

The school has permission to include us in the Student Directory: _____ Yes _____ No

How did you learn about St. Paul Lutheran School? _____

ATTACH THE FOLLOWING TO YOUR APPLICATION:

- A check for Registration Fee (\$_____) or Re-enrollment Fee (\$_____) (These fees are **NON-REFUNDABLE**.)
- Copy of Birth Certificate
- Copy of your child's Immunization Record
- Health Inventory
- An Emergency Card (attached) completely filled out. Please notify the school offices when changes in the information occur.
- About My Child
- Signed Parent's Rights
- Walking Permission Slip
- Handbook Agreement
- FACTS Form

I/We, hereby apply for admission to St. Paul Lutheran School for the above named child, and I/we have enclosed the **non-refundable** registration fee per child. The school reserves the right of suspension or dismissal at any time during the school year for inappropriate behavior or any reason delineated in the Parent Handbook. St. Paul Lutheran School reserves the right to request the records from previous schools as listed on this application, and to determine placement of the applicant in the level appropriate based on those records and entrance interview. I/we do hereby certify this information to be factual and complete.

Mother/Legal Guardian: _____ Date: _____

Father/Legal Guardian: _____ Date: _____

If both parents/guardians have legal custody of child, both must sign this form. Updated 2/19