



St. Paul's

Early Childhood Center (SPECC)

Notes (for office use only):

Today's Date: _____ Date you would like to begin: _____

Referred by: _____

First Parent/Guardian Information

Name:

Address:

Cell Phone:

Home Phone (if different):

Employer Name:

Work Phone:

Email Address (required):

Second Parent/Guardian Information

Name:

Address:

Cell Phone:

Home Phone (if different):

Employer Name:

Work Phone:

Email Address (required):

Children

Name:

DOB:

M

F

Name:

DOB:

M

F

Name:

DOB:

M

F

Name:

DOB:

M

F

Name:

DOB:

M

F

Preferred Email Address for Communication:

Mom

Dad

Preferred Cell Number for texting:

Mom

Dad

Parent to call first in case of injury or sudden illness:

Mom

Dad

Why did you decide to enroll your child(ren) in SPECC?

Emergency Contact/Authorized Pick Up People

(in addition to parents; when attempts to reach parents are not successful)

1st Contact Name:

Cell Phone:

Secondary Phone:

Relationship to child(ren):

2nd Contact Name:

Cell Phone:

Secondary Phone:

Relationship to child(ren):

3rd Contact Name:

Cell Phone:

Secondary Phone:

Relationship to child(ren):

4th Contact Name:

Cell Phone:

Secondary Phone:

Relationship to child(ren):

Please list anyone NOT authorized to pick up

Name:

Relationship to child:

Name:

Relationship to child:

Are there any custody issues related to the child(ren)?

YES

NO

If so, the court order **MUST** be given to the SPECC director to keep on file **before** the child(ren) can start.

Initial that you understand and agree to our policy regarding Custody Issues

Primary Physician

Doctor's Name:

Facility Name & Location:

Preferred Hospital:

Spiritual Health

Church Name:

Location:

Request Information about: St. Paul's Church Membership St. Paul's School

Request a call from a St. Paul's Pastor Request information about baptism

One per family