



# St. Paul's

## Early Childhood Center (SP)

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