

**ENROLLMENT FORM**

414 E. Broad Street  
Westfield NJ 07090  
908-233-5417

Child's Name \_\_\_\_\_ Nickname to be used in school \_\_\_\_\_

Sex M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_ Operations \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Age Level \_\_\_\_\_ Number of Days per Week \_\_\_\_\_ AM or PM \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Are both parents living at same address? yes / no \_\_\_\_\_ Languages spoken at home \_\_\_\_\_

Can parents be reached at above numbers? \_\_\_\_\_ Please provide any other numbers necessary.

Two persons to contact in an emergency other than parents who are within a 15 minute trip of St. Paul's Day School.

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

**Medical Care:**

Doctor Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Hospital name & town \_\_\_\_\_

Dentist Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Who is authorized to pick up your child?

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

**Names and ages of other children in household:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEE OTHER SIDE**

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**Previous school experience:**

Name of previous school: \_\_\_\_\_

Services receiving outside of school \_\_\_\_\_

Does your child have allergies or any health needs the staff should be aware of? (If yes, a Plan of Action Form must be filled out)

\_\_\_\_\_

List any information your child's teacher should know to best care for your child.

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THAT ALL INFORMATION PROVIDED ABOVE WILL BE HELD IN A CONFIDENTIAL MANNER BY ST. PAUL'S DAY SCHOOL AND CAN ONLY BE USED WITH MY PERMISSION

I do\_\_ do not\_\_ give my permission to be listed in the school directory giving name, address, email address, phone number and cell phone number.

I do\_\_ do not\_\_ give my permission for my child to be photographed for newspaper articles in local papers. (names are never included)

I do\_\_ do not\_\_ give my permission for my child to be photographed for our website/Facebook. (Names are never included) Our website is a great way to introduce our school to families searching for a nursery school.

I do\_\_ do not\_\_ understand the rights and responsibilities as a parent as outlined in the St. Paul's Day School Parent's Handbook. I have received \_\_\_ *The Information to Parents* from the Department of Children & Families Office of Licensing.

Are you a pledging member of St. Paul's Episcopal Church? \_\_\_\_ If so, to receive a tuition discount, please provide a copy of the most recent pledging statement or other appropriate documentation to verify and submit with this Enrollment Form.

How did you hear about St. Paul's Day School? Friend \_\_\_\_ Neighbor \_\_\_\_ Web \_\_\_\_ Relative \_\_\_\_

Newspaper \_\_\_\_ Magazine \_\_\_\_ Realtor \_\_\_\_ Preschool Fair \_\_\_\_ Town Fair \_\_\_\_ Other \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Registration \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Check # \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_