



**CHILD & FAMILY INFORMATION**

Child's Name \_\_\_\_\_ Nickname to be used in school \_\_\_\_\_ Sex:  M  F

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Class Level \_\_\_\_\_ # days per week \_\_\_\_\_  AM  PM  Full Day

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Do both parents live at same address?  Yes  No Languages spoken at home \_\_\_\_\_

Is anyone other than parent(s) listed above authorized to pick up your child?  Yes  No

*If yes, please fill out the Authorized Pick Up form on page 3.*

Names and ages of other children in household:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Allergies  Yes  No \_\_\_\_\_ Other health needs? \_\_\_\_\_

*Allergy Action Plan from your doctor due by 8/15 – please attach two current pictures of your child's face. All supplies such as Benadryl, Epi Pens, or inhalers must be sent in with the Action Plan.*

**EMERGENCY CONTACTS** other than parents, who are within a 15 min trip:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



**ADDITIONAL INFORMATION**

School previously attended \_\_\_\_\_

Prior services received outside of school \_\_\_\_\_

Services currently being received outside of school \_\_\_\_\_

Please list any additional information your child's teacher should know to best care for your child:

\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL DIRECTORY**

I do  do not give permission to be listed in the school directory including name, address, email & phone number.

**PHOTOGRAPHY PERMISSION**

I do  do not give permission for photographs of my child to be used for St. Paul's Day School website, social media or printed materials (names never included).

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

**POLICY ACKNOWLEDGEMENT**

**I have received and understand the following documents/policies and will retain copies for my files. Please initial:**

\_\_\_\_\_ Mission Statement

\_\_\_\_\_ Information to Parents

\_\_\_\_\_ Discipline Policy

\_\_\_\_\_ Policy on Communicable Diseases

\_\_\_\_\_ Expulsion Policy

\_\_\_\_\_ Policy on the Release of Children

**Are you a pledging member of St. Paul's Episcopal Church?**  Yes  No

*If yes, please provide a copy of your most recent pledging statement to receive a tuition discount.*

**How did you hear about St. Paul's Day School?**

Current family or alumni referral

Realtor

Signage outside the school

Facebook

Internet search

Other \_\_\_\_\_

**FORMS CHECKLIST**

Enrollment Form (pg.1-2)

Universal Health Form (by 7/31)

Authorized Pick Up (pg.3, if applicable)

Immunization Record (by 7/31)

Emergency Form (pg.4)

Allergy Action Plan (by 8/15, if applicable)

Signed Expulsion Policy (pg.5-6)

St. Paul's Church Pledge Statement (if applicable)

*I understand that my child may not attend school until all forms are completed and returned to the school office.*

*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.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date Received \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

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

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

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

Date \_\_\_\_\_

Date \_\_\_\_\_



Child's Name \_\_\_\_\_

My child may be released to the following individuals other than parents:

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



The information provided below is the information we will use in an emergency. Your child's health information and this Emergency Form will be duplicated and taken out of the building with us if there were a time that we had to vacate the building due to an emergency. It is **IMPERATIVE** that when your child is in our care that one or all of the parents' telephones are reachable.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Allergies \_\_\_\_\_

Telephone numbers in the order we should call if we have not been able to reach you. We would call due to illness, early dismissal/delayed opening, or an emergency at school. **You must list at least 3 contacts. These people are authorized by you to pick up your child if either parent cannot be reached.**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT**

I, \_\_\_\_\_, mother/father/guardian of \_\_\_\_\_ do hereby give permission to the personnel of St. Paul's Day School to secure and authorize such emergency medical care and/or treatment as my child might require while under the supervision of the said school personnel. I also agree to pay all costs and fees contingent on any emergency medical and/or treatment for my child as secured under this consent.

Every effort will be made to notify parent immediately in case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**\*This copy of the Expulsion Policy must be signed, dated and returned to St. Paul’s Day School.**

Child's Name \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child (ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

1. The child is at risk of causing serious injury to other children or himself/herself.
2. Parent threatens physical or intimidating actions toward staff members.
3. Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD’S EXPULSION

1. Failure to pay/habitual lateness in payments.
2. Failure to complete required forms including the child’s immunization records.
3. Habitual tardiness when picking up your child.
4. Physical or verbal abuse to staff.
5. Other (explain).

CHILD’S ACTIONS FOR EXPULSION

1. Failure of child to adjust after a reasonable amount of time.
2. Uncontrollable tantrums/angry outbursts.
3. Ongoing physical or verbal abuse to staff or other children.
4. Excessive biting.
5. Other (explain).

SCHEDULE OF EXPULSION

1. If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s or parent’s behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the center.
2. The parent/guardian will be informed regarding the length of the expulsion period.
3. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
4. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks’ notice depending on risk to other children’s welfare or safety.) Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED

If a child’s parent(s):

1. Made a complaint to the Office of Licensing regarding a center’s alleged violations of the licensing requirements.



2. Reported abuse or neglect occurring at the center.
3. Questioned the center regarding policies and procedures.
4. Without giving the parent sufficient time to make other child care arrangements.

### PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

1. Staff will try to redirect child from negative behavior.
2. Staff will reassess classroom environment, appropriate of activities, supervision.
3. Staff will always use positive methods and language while disciplining children.
4. Staff will praise appropriate behaviors.
5. Staff will consistently apply consequences for rules.
6. Child will be given verbal warnings.
7. A brief time-out will be given so child can regain control.
8. Child may lose certain privileges (explain).
9. Child's disruptive behavior will be documented and maintained in confidentiality.
10. Parent/guardian will be notified verbally
11. Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
12. The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
13. The parent will be given literature or other resources regarding methods of improving behavior.
14. Recommendation of evaluation by professional consultation on premises.
15. Recommendation of evaluation by local school district child study team.

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Parent/Guardian Signature

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Date