

St. Paul Early Childhood Center
2018-2019 School Year

5650 N. Canfield Ave. Chicago, IL 60631

Phone (708) 867-5044 Fax (708) 867-0083

The mission of St. Paul Early Childhood Center is to provide excellence in Christian education, equipping young people to impact their world for the Lord Jesus Christ.

APPLICATION FOR ADMISSION

***** PLEASE PRINT *****

GENERAL POLICIES FOR ENROLLMENT

A non-refundable Application Fee of \$200.00 per student must accompany ALL APPLICATIONS for enrollment. Please return the completed application to the school office. Transfer students must present a satisfactory transfer, the most recent report card, an up-to-date immunization/medical record, and the most recent copy of standardized testing results (if applicable) from the last school attended.

CHILD'S NAME

MALE/FEMALE

ENTERING GRADE

For Pre-Kindergarten 3 and 4: 5 FULL days _____ 5 HALF days _____

ADDRESS

HOME PHONE NUMBER

CELL PHONE NUMBER

CITY

ZIP CODE

PARENT E-MAIL ADDRESS

AGE

_____/_____/_____
DATE OF BIRTH

PLACE OF BIRTH *(Original Birth Certificate required- We will copy + return original to you)*

NAME OF SCHOOL LAST ATTENDED OR NOW ATTENDING

ADDRESS

CITY

STATE

ZIP CODE

PHONE

SPECIAL NEEDS/DISABILITIES? *(If yes, please explain briefly.)*

HOME CHURCH

ADDRESS

CITY/STATE/ZIP CODE

BAPTIZED?

DATE

CHURCH WHERE BAPTIZED?

Non-Discrimination Policy

St. Paul Early Childhood Center admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

Please be sure to complete the reverse side of this application.

FATHER'S NAME FATHER'S OCCUPATION

FATHER'S PLACE OF EMPLOYMENT FATHER'S WORK PHONE NUMBER

FATHER'S HOME ADDRESS FATHER'S HOME PHONE NUMBER FATHER'S CELL PHONE NUMBER

FATHER'S MARITAL STATUS: _____
MARRIED DIVORCED SEPARATED WIDOWED SINGLE

MOTHER'S NAME MOTHER'S OCCUPATION

MOTHER'S PLACE OF EMPLOYMENT MOTHER'S WORK PHONE NUMBER

MOTHER'S HOME ADDRESS MOTHER'S HOME PHONE NUMBER MOTHER'S CELL PHONE NUMBER

MOTHER'S MARITAL STATUS: _____
MARRIED DIVORCED SEPARATED WIDOWED SINGLE

SIBLINGS - PLEASE LIST NAMES AND AGES OF ALL SIBLINGS (BOTH OLDER AND YOUNGER): _____
NAME AGE

NAME AGE NAME AGE NAME AGE

LEGAL GUARDIAN (IF OTHER THAN PARENT)

GUARDIAN'S NAME GUARDIAN'S OCCUPATION

GUARDIAN'S PLACE OF EMPLOYMENT GUARDIAN'S WORK PHONE NUMBER

GUARDIAN'S HOME ADDRESS GUARDIAN'S HOME PHONE NUMBER GUARDIAN'S CELL PHONE NUMBER

GUARDIAN'S MARITAL STATUS: _____
MARRIED DIVORCED SEPARATED WIDOWED SINGLE

I wish to have my child enrolled at St. Paul Early Childhood Center and will support the school's program with prayer, participation, encouragement, and prompt financial payment.

DATE SIGNATURE OF PARENT/GUARDIAN

***** MAKE CHECKS PAYABLE TO ST. PAUL EARLY CHILDHOOD CENTER *****

(Office use only) Fees paid: _____ Date Received: _____ Check #: _____ Cash: _____

Birth Certificate _____ Transfer _____ Report Card _____ Immunization/Med. Records _____ Standardized Test Results _____