<u>St. Paul Lutheran Early Childhood Ministry</u>

Student Information Form

Child's Full Name ______________________________________ Date of Birth _______________

Registering for (check all that apply):

- ☐ 3 year old Lambs class
- ☐ 4 year old Doves class
- ☐ Kindergarten
- ☐ STREAM (Doves/Kindergarten)
- ☐ Before school care (7:00-8:05 AM)
- ☐ After school care, Session 1 (till 2:30 PM)
- ☐ After school care, Session 2 (till 4:30 PM)
- ☐ After STREAM care (3:10-4:30)PM

Child's gender at birth (*circle one*) Male Female Date of Baptism ____________________

Church membership ____

<u>Family Information:</u>

Street Address ____________________________________ City ______________ Zip _________

Biological Mother's Name ______________________________ Cell Phone _________________

Occupation ____ Work Phone _________________

Email ____

Biological Father's Name ______________________________ Cell Phone _________________

Occupation ____ Work Phone _________________

Email ____

Relationship status of parents (*check all that apply*):

- ☐ Never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Father remarried
- ☐ Mother remarried
- ☐ Widowed

Child lives with:

- ☐ Both parents
- ☐ Mother
- ☐ Father
- ☐ Alternating custody
- ☐ Adoptive caregivers
- ☐ Foster parent/home
- ☐ Grandparents
- ☐ Guardians
- ☐ Other:

Siblings/Ages:

____

Name of Guardian (if applicable) ____

Relationship to Child ________________ Occupation of Guardian______________

Cell/Work Phone ________________ Email ________________________________

Person to contact in case parents cannot be reached _____________________________

Contact information ____________________________ Relationship to child ________

Child's experience:

- ☐ Stayed at home with parents
- ☐ Stayed with family members
- ☐ Attended a preschool
- ☐ Stayed with a family friend
- ☐ Daycare

Name of previous school: ____

Child is toilet trained (required before attending classes):

- ☐ Yes
- ☐ No
- ☐ Will be prior to the start of school

Medical History

Name of Doctor: ________________________ Phone Number: ________________

Address: ____

Type of birth

- ☐ Vaginal
- ☐ C-section
- ☐ Other (please explain) ____

Time of birth

- ☐ On time
- ☐ Premature (*how long*) __________
- ☐ Past due (*how long*) ___________

Delivery complications (please explain):

Past illnesses (check all that apply):

- ☐ COVID 19
- ☐ Chicken pox
- ☐ Rubeola
- ☐ Asthma
- ☐ Other:
- ☐ Rubella
- ☐ Rheumatic Fever
- ☐ Hay Fever
- ☐ Diabetes
- ☐ Mumps
- ☐ Whooping Cough
- ☐ Epilepsy
- ☐ Poliomyelitis

Allergies and reactions:

Does your child have issues with (check all that apply):

- ☐ High temperatures
- ☐ Frequent sore throat
- ☐ Frequent ear infections
- ☐ Trouble with hearing
- ☐ Trouble with speech
- ☐ Trouble with vision
- ☐ Frequent vomiting
- ☐ Frequent diarrhea
- ☐ Tendency to bleed easy
- ☐ Eczema/hives

List any surgery/accident/illness/disability:

Other information that would be helpful for the staff to know:

The following people are allowed to pick up ___________________ (*child*) from St. Paul ECM:

Name/Relationship to Child	Contact Information
______________________________	____
______________________________	____
______________________________	____
______________________________	____
______________________________	____
______________________________	____
______________________________	____

I _______________________________ (*parent*) verify that the information listed above is true

and correct in regards to ____________________________________ (*child*).

Parent Signature ____ Date _______________