

St. Paul's Preschool
409 Sarver Road Sarver, Pa 16055
724-524-1118
stpaulssarverpreschool@gmail.com
www.stpaulssarver.com/preschool

Student Application

Student's Name: _____ Goes by: _____

Age: _____ Birthdate: _____ M or F _____

Other Schools attended: _____

Residing School District: _____

Age of Child by September 1st: _____ (Must be toilet trained)

Applying for admission for:

3 year old preschool Tues./Thurs AM _____ PM _____

4 year old preschool Mon/Wed/Fri. AM _____ PM _____

*Morning classes will be filled first!

A \$30.00 (non-refundable) registration fee will be due at the time of registration. Due to this being our first year, everyone will be notified and the registration fee will be refunded if numbers are not met by May 1st. Checks can be made out to "St. Pauls".

Parental Insight: Please tell us anything you think is especially important about your child that would help know him/her better:

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FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Father's Occupation: _____ Mother's Occupation: _____

Employer: _____ Employer: _____

If the child is not living with both parents, please indicate with whom the child is living with: _____

OTHER SIBLINGS:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

CHURCH AFFILIATIONS:

Name of Church: _____
Pastor/Priest: _____ Phone: _____

MEDICAL INFORMATION:

If emergency medical treatment is necessary and I cannot be reached, I hereby give permission to St. Paul's Preschool to secure proper medical treatment. This may include, but not limited to, hospitalization, surgery, ordering of injection, anesthesia for the child listed: _____

List allergies and special medical information that we should know: _____

List any medications taken on a regular (daily) basis by your child: _____

Name of Physician: _____
Phone: _____

Parent Signature: _____ Date: _____

EMERGENCY INFORMATION:

Please list local persons to contact in an emergency if parents cannot be reached. (This must be completed):

Name: _____ Phone: _____
Name: _____ Phone: _____

Parent Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP:

I hereby give permission for (name of child) _____ to participate in any off campus field trips during the school year. I understand that school transportation or walking may be used. (parents will be notified ahead of time when transportation is required)

Parent Signature: _____ Date: _____

RELEASE FORM:

When your child is brought to school, he/she must be left in the presence of a staff person. You must also make a staff person aware of your child's departure. Please list persons below, in addition to parents, who are approved to pick up your child.

Name: _____

Relationship to child: _____ Phone: _____

Name: _____

Relationship to child: _____ Phone: _____

Parent Signature: _____ Date: _____

PHOTO RELEASE:

Please be advised that your child may be photographed during various school events. If you would allow us to use your child's photo on our Facebook page, School website, classroom projects and advertising materials please sign this form.

_____ **YES**, I give permission for my child's photograph to be posted on St. Paul's Preschool Facebook page, school website, class projects, and advertising materials

_____ **NO**, my child's photograph may not be posted on Facebook, website, class projects, and advertising materials.

Parent Signature: _____ Date: _____

FINANCIAL POLICY:

All checks are made payable to St. Paul's.

Payments are due by the 26th of the month for the following month. (Ex. Due Aug 26th for September)

If payment is not received within 5 days a \$10 late fee will be applied

There will be a \$25 fee for returned checks

If there is a problem with making a payment please reach out and let us know so that arrangements can be made.

There will be no refund for days missed. This includes vacations or sick days. We prepare for your child whether they are present or not.

Please notify the school immediately of changes or modifications to any/all information stated.

STATEMENT OF PARENTAL COOPERATION:

I recognize that St. Paul's Preschool works as an extension of me, the parent, and I pledge to prayerfully support the school and its staff. I understand that the school goals are to provide excellence in academics and to nurture our children in the highest principles of Christian education.

I understand that tuition is due by the 26th of the month for the following months instruction. I also understand that registration fees are non-refundable.

I hereby release St. Paul's Preschool of any responsibility for any accident or injury that might occur while on school premises or en route to and from school or while involved in any school activity.

If concerns or disagreements arise over issues or accidents related to the welfare of our children, we will go to the individual involved to seek a mutually satisfactory remedy in the bonds of Christian love.

Parent Signature: _____ Date: _____