

**CONFIDENTIAL STUDENT RECORD ENROLLMENT FORM
2021/2022**

PLEASE PRINT NEATLY

Child's full name _____ Most often called _____

Street Address _____

City _____ Zip Code _____

Birth date _____ Male ___ Female ___

Allergies or medical conditions: _____

Is your child a vegetarian? No ___ Yes ___

Family email _____

Father's name _____

Home phone _____ Cell phone _____

Employer _____ Business phone _____

Work email _____

Mother's name _____

Home phone _____ Cell phone _____

Employer _____ Business phone _____

Work email _____

TURN PAGE OVER

Are parents living together? _____

Is your child adopted? _____ If yes, what do you tell your child? _____

Are you a member of St. Francis Episcopal Church? Yes _____ No _____

Are you a member of a faith community? _____

Sibling name(s), age(s), and school(s) _____

Other members of household _____

BEHAVIOR AND DEVELOPMENT:

Name of previous preschool _____

Describe your child's toilet training stage _____

Is your child receiving services such as speech or occupational therapy? Yes _____ No _____

If yes, explain _____

Does your child have an IEP or IFSP? Yes _____ NO _____

You must provide a copy of the IEP or IFSP in order for ST. Francis Day School to enroll your child.

Child's special interests _____

Is there any significant situation or experience the teacher should be aware of at this time?

What are your goals for your child this school year? _____