



# St. Paul's Academy

3000 Northwest Ave. • Bellingham, WA 98225 • Phone (360) 733-1750 • Fax (360) 734-1882

## 2010-2011 Little Epistles' Registration Form

Check the class for which you wish to register (Please pick a 1st and 2nd choice):

- Little Epistles' Preschool:**
- |           |  |  |
|-----------|--|--|
| 4-yr old: | <input type="checkbox"/> (M-T-W-Th-F, 8:30-11:30 AM) | <input type="checkbox"/> (M-T-W-Th-F, 12:00-3:00 PM) |
| 4-yr old: | <input type="checkbox"/> (M-W-F, 8:30-11:00 AM)      | <input type="checkbox"/> (M-W-F, 9:15-11:45 AM)      |
| 4-yr old: | <input type="checkbox"/> (M-W-F, 12:00-2:30 PM)      | <input type="checkbox"/> (T-Th, 9:15 AM-1:00 PM)     |
| 3-yr old: | <input type="checkbox"/> (M-W-F, 8:30-11:00 AM)      | <input type="checkbox"/> (T-Th, 11:00 AM-2:30 PM)    |
| Toddler:  | <input type="checkbox"/> (M-W, 12:00-2:00 PM)        | <input type="checkbox"/> (T-Th, 8:30-10:30 AM)       |

Check if directory information has changed from last year.

**Child's** Last Name \_\_\_\_\_ **Child's** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nick Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Phone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Mother:**

Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

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

E-mail \_\_\_\_\_

omit from School directory

**Father:**

Name \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

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

E-mail \_\_\_\_\_

omit from School directory

**Grandparents (Mother)**

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Grandparents (Father)**

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**The annual Registration Fee (\$150 for LEPS except \$100 for LEPS Toddlers) must accompany this form.**

**If the child is registering for the first time, a one-time-only \$50 Application Processing Fee must also accompany this form.**

The School reserves a place only when this registration form with the \$150 or \$100 registration fee, the Tuition Contract and the Tuition Management System's (TMS) enrollment form with any applicable fee (see contract) are accepted by the School. Only one TMS form/fee is required per family.

*St. Paul's Academy (SPA) is an independent 501(c)(3) non-profit educational corporation. Pre-kindergarten programs operate as Little Epistles' Pre-School (LEPS). SPA admits students of any race, religion, gender, color, sexual orientation, national origin and ethnicity to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. SPA does not discriminate in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and school-administered programs.*

**Please complete Additional Information and Sign on the reverse**

**Family Information**

Parents are:  Married  Divorced  Separated  Other \_\_\_\_\_  
 Father Deceased  Father Remarried  Mother Deceased  Mother Remarried

If not the parents (at the child’s residence address as provided on the other side):

Who has legal custody of this child? \_\_\_\_\_

To whom should school correspondence be sent? \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

List all other children in the family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Diversity Information**

Each year the National Association of Independent Schools (NAIS) requires SPA to provide statistics on students. Please check all appropriate boxes that apply:  African American  Asian American  Pacific Islander  Caucasian  Latino/Hispanic  Native American or Native Alaskan  Multi-racial  Middle Eastern American  Other

Grade level through which you anticipate your child will remain at St. Paul’s Academy \_\_\_\_\_  
PK to 12

**Child’s Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Consent to Use of Photograph**

- Yes, we consent to the taking and publication of the child’s photograph in any publication or media, and release the School from all liability in connection with publication.
- No, please contact us before identifying the child in a published photograph

**Emergency Contacts and Release**

When parents are not available in an emergency, these local persons may (a) be notified of the emergency and (b) pick up my child.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

In the event of any emergency, if the school is unable to contact a parent or an emergency contact listed above or a family physician, the School is authorized to contact 911, the emergency facilities of St. Joseph’s Hospital, a licensed ambulance service, or to transport the child to an appropriate medical facility. Any expenses will solely be the obligation of the parents or guardian.

**Health Information**

State law requires the School to maintain a record of the child’s immunizations. You will be required to complete a Student Health Record before enrollment. To enroll in the 3 & 4 year-old programs, children must be reasonably toilet trained.

Terms and Conditions Accepted by: **(Please make registration checks payable to SPA.)**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_