



St. Paul's Academy

3000 Northwest Ave. • Bellingham, WA 98225 • Phone (360) 733-1750 • Fax (360) 734-1882
Little Epistles' Preschool • 3230 Meridian St. • Bellingham, WA 98225 • (360) 738-3321

2011-2012 Little Epistles' Extended Care Registration Form

Check the class for which you wish to register:

Little Epistles' Extended Care:	<input type="checkbox"/> 5 Days Per Week (Full Time)	Please List Hours Desired Below:
	<input type="checkbox"/> 4 Days Per Week (Full Time)	
	<input type="checkbox"/> 3 Days Per Week (Full Time)	
	<input type="checkbox"/> 2 Days Per Week (Full Time)	
	<input type="checkbox"/> Part Time (Minimum 2.5 hrs x 2 days per week)	
	<input type="checkbox"/> Drop In (24 hour notice, pending availability)	

Child's Last Name: _____ **Child's First Name :** _____ **Middle Initial:** _____

Nick Name _____ Birth date _____ Sex _____ Phone Number: _____

Residence Address _____ City _____ ZIP _____

ALLERGY ALERT: _____ If your child needs an EPI-Pen at school, you will need to pick up additional forms from the office that must be completed by your child's physician.

Mother:
Name _____

Address (if different from child's)

Home Phone _____ Cell _____

Occupation _____

Employer _____ Phone _____

E-mail _____

Father:
Name _____

Address (if different from child's)

Home Phone _____ Cell _____

Occupation _____

Employer _____ Phone _____

E-mail _____

The Annual Registration Fee (\$70) and a signed Tuition Contract must accompany this form. Children who are enrolled in Little Epistles' Preschool only need to pay one registration fee annually.

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

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 _____

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.

Terms and Conditions Accepted by: **Parent or Guardian:** _____

Signature of parent/guardian _____ **Date:** _____