



St. Paul's Academy

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

2011-2012 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 3's and 4's and \$100 for LEPS Toddlers) must accompany this form. If the child is registering for the first time a \$50 Application Fee must accompany this Registration 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 preference, national 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:

Table with 3 columns: Name, Age, School. Includes horizontal lines for data entry.

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.

If your child has allergies or needs to be given any type of medication (including over the counter meds) while at school, please contact the office to obtain an Authorization for Administration of Oral Medications at School Form.

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

Signature of parent/guardian _____ Date _____