# **St. Paul Christian Day School**

# **Admission Information Review**

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: Mother Father

\_\_\_\_\_\_\_ I have reviewed the most recent paperwork for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name)

(Initials) and have found all of the information to be current .

\_\_\_\_\_\_\_ I have reviewed the most recent paperwork for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_(student’s name) (Initials) and have made the appropriate changes/updates.

**Updated Sections (please circle any that apply):**

State Admission Information

Consent Information

Authorization for Emergency Medical Attention

Child’s Additional Health and Medical Information *(food allergies require a plan of action on file)*

Immunizations

If my child is entering **PreK 4 or the Bridge**, I will provide St. Paul CDS with hearing and vision results on or before January 1st of the applicable school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Parent Signature Date