

St. Paul's Preschool and Daycare
2025-2026 PRESCHOOL ENROLLMENT APPLICATION
(530) 662-1935 • 625 W. Gibson Rd., Woodland CA • Lic.#570305772

Office Use:
Date of App _____
Reg Fees _____
Computer updated _____

Student's Name: (Last): _____ (First): _____ (Full Middle): _____

Student's Address: _____ City: _____ Zip: _____

Sex: ☐ Male ☐ Female Date of Birth: ____/____/____ Birthplace: _____

U.S. Citizen? ☐ Yes ☐ No Ethnicity: _____ Adopted? ☐ Yes ☐ No Baptized? ☐ Yes ☐ No

FATHER

Name: _____

DOB: _____

Address: _____

City: _____ Zip: _____

Occupation: _____

Employer: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

U.S. Citizen? ☐ Yes ☐ No

Married? ☐ Yes ☐ No

If not married, please indicate if:

☐ Divorced* ☐ Separated ☐ Single ☐ Widower

*If Divorced, who has legal custody of the student?

☐ Father ☐ Mother ☐ Joint

(Please attach legal documentation regarding custody)

St. Paul's Member? ☐ Yes ☐ No

Member of another church? ☐ Yes ☐ No

If yes, name of church _____

Regular church attendance?

☐ Weekly ☐ Monthly ☐ A few times/year ☐ Yearly

Baptized? ☐ Yes ☐ No

If yes, where baptized? _____

MOTHER

Name: _____

DOB: _____

Address: _____

City: _____ Zip: _____

Occupation: _____

Employer: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

U.S. Citizen? ☐ Yes ☐ No

Married? ☐ Yes ☐ No

If not married, please indicate if:

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Baptized? ☐ Yes ☐ No

If yes, where baptized? _____

STEPMOTHER (if applicable)

Name: _____

Occupation: _____

Work Phone: _____

STEPFATHER (if applicable)

Name: _____

Occupation: _____

Work Phone: _____

Please complete the following so that we can get to know your child better. This information will be used to place your child into the most appropriate learning environment. Thank you!

Please describe your child's previous school experiences (if applicable) Please include the name of the school, school license #, and date of admission: _____

Has your child had any opportunities for social interaction with other children (i.e. playdates, Gymboree, Mom & Me classes, etc.) Please list as many as apply: _____

Do any aspects of your child's behavior, development, speech, hearing, or health concern you, your child's current teacher, or your child's pediatrician? If yes, please describe: _____

Has your child ever been evaluated or referred for any early intervention services (such as occupational therapy, speech therapy, behavioral therapy or physical therapy)? If so, what was the outcome? _____

Has your child ever received early intervention services (such as occupational therapy, speech therapy, behavioral therapy, or physical therapy, including those provided by a regional center or local school district? Are they currently receiving any of these services? Please explain. _____

Is your child fully immunized? Yes No

*Please be aware that with the passing of California State Law (SB - 277), beginning in January of 2016, St. Paul's will no longer be able to accept unimmunized children into our program **unless it is for medical reasons**. If your child is unimmunized or behind on immunizations for medical reasons, a copy of the current medical immunization exemption form must be provided to complete the enrollment/registration process, so please be prepared to provide this documentation prior to final acceptance into the preschool program.*

Please describe any accommodations your child might need while attending preschool (i.e. health issues, allergies, social-emotional needs, or physical restrictions): _____

Have there been, (or will there be in the near future), any significant family changes that your child will be adjusting to (i.e. new siblings, moving, new home, death in family, new marriages or separations/divorces)? _____

Siblings (Name/Age/Current School (if applicable)) _____

Do you have additional comments or concerns that you would like to share with us (your child's preschool teachers, the preschool director,): _____

Acceptance is dependent upon our "Priority of Admissions Policy" and available space at the time of application. Turning in a completed application does not guarantee enrollment/re- enrollment into the Preschool. Every effort is made to accommodate siblings into similar programs if possible. St. Paul's Preschool admits students of any race, color, national or ethnic origin. We make available to every student the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in administration of its policies.

I hereby certify that the information on this application is accurate and complete, and I understand that submitting incorrect or incomplete information may result in my child's non-acceptance or dismissal from the preschool.

Signed _____ Print Name _____ Date _____
(Parent or Legal Guardian)

Signed _____ Print Name _____ Date _____
(Parent or Legal Guardian)