

**St. Paul's Preschool and Daycare**  
**2026-2027 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:  
 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? \_\_\_\_\_

**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)