

2021-2022 Early Childhood Program Registration



at St. Alphonsus Catholic School

___ Voyagers (must be 3 by 12/1/21)

___ Explorers (must be 3 by 9/1/21)

___ Lil Crusaders (must be 4 by 9/1/21)

Child's Full Name (First, Middle, Last): _____

Birth Date: _____ Name Child Goes By: _____ Is child baptized? Yes No

Sex: Male Female Child's Religion: _____

Student(s) resides at: one household multiple households

Child lives with: Both Parents Mother Father Other _____

*Please describe student's living arrangements:

Ethnicity:

Optional for statistical purposes only

- White/Caucasian Asian
- Native American/Native Alaskan African/African American
- Hispanic/Latino Multiracial

Guardian #1 Information – 1st to be contacted

Guardian #2 Information – 2nd to be contacted

Father Mother Other: _____
NAME:

Father Mother Other: _____
NAME:

ADDRESS:

ADDRESS:

CITY/ZIP/COUNTY:

CITY/ZIP/COUNTY:

PRIMARY PHONE:(____) _____ - _____

PRIMARY PHONE:(____) _____ - _____

- Home Phone Cell Phone

- Home Phone Cell Phone

SECONDARY PHONE:(____) _____ - _____

SECONDARY PHONE:(____) _____ - _____

- Home Phone Cell Phone

- Home Phone Cell Phone

PRIMARY EMAIL:

PRIMARY EMAIL:

- Single Married Separated Widowed

- Single Married Separated Widowed

EMPLOYER/OCCUPATION:

EMPLOYER/OCCUPATION:

For Office Use Only:

Fee \$50 Ck#/Cash: _____ Think Small: _____ Date Received: _____
Tuition Contract _____ SMART Form _____ Think Small or other grant documents _____
Early Childhood Screening Consent _____ Health Care Summary _____ Immunization Record _____

I would like to register my child for the following: (Please Check One)

Number of Days Per Week	7:15am-11:45am Snack Included Per Month	7:15am-1:50pm Snack Included Per Month	7:15am-6:00pm Snacks included Per Month
2 days			
3 days			
4 days			
5 days			

Please choose which days you would like your child to attend:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

_____ I have received the price of tuition information and agree to pay all tuition and fees due for the program I have selected. (Please Initial)

_____ I understand that I will be required to follow the school's volunteer policy. The number of hours required per year will depend on the times signed up for. (Please Initial)

Who is Authorized to Provide Transportation to and from School (other than parents)?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Is there anyone NOT allowed to pick up your child? _____

Are there any home situations we should be made aware of? _____

What language does your child primarily speak? _____

Has your child had previous group experience? _____

How does your child express anger or frustration? _____

When your child is upset, what helps comfort them? _____

What is your expectation for an Early Childhood experience? _____

Which hand does your child prefer to use? _____

Does your child nap? If so, how long? _____

What are 3 words to describe your child? _____

How will your child let us know they need to use the bathroom? _____

What else would you like us to know about your child? _____

Has your child completed the Early Childhood Assessment? _____

How did you hear about St. Al's Early Childhood Program? _____

REGISTRATION FEE: In order to reserve a place for your child, a non-refundable deposit of **\$50** must be submitted with this registration form.

All students entering Kinderstart MUST have a FREE Early Childhood Assessment completed by their school district within 30 days of starting school. The Early Childhood Assessment is recommended for students entering Explorers.

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