



**AUGUSTANA PRESCHOOL  
STUDENT ENROLLMENT FORM  
2020-2021  
GENERAL INFORMATION**

1400 South Robert Street  
West St. Paul, MN 55118  
651-457-3373  
preschool@augustana.com

Child's Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Male\_\_\_ Female\_\_\_

Name child is to be called and learn to write \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian Name: _____	Relationship to Child: _____
Parent/Guardian Address: _____	City/Zip _____
Parent/Guardian Home Phone: _____	Cell Phone: _____
E-Mail Address that is checked regularly _____	
Occupation: _____	
Employment Phone: _____	Work Hours: _____

Parent/Guardian Name: _____	Relationship to Child _____
Parent/Guardian Address: _____	City/Zip _____
Parent/Guardian Home Phone: _____	Cell Phone: _____
E-Mail Address that is checked regularly _____	
Occupation: _____	
Employment Phone: _____	Work Hours: _____

Day Care Provide Name & Address: \_\_\_\_\_

Day Care Provider Phone: \_\_\_\_\_

**FAMILY INFORMATION**

Primary language spoken at home: \_\_\_\_\_

Other children in family:

Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Other persons living in the home/relationship: \_\_\_\_\_

Are there any family situations that would be helpful for the program to be aware of? \_\_\_\_\_

**CHILD INFORMATION:**

Physical Restrictions: \_\_\_\_\_

Allergies (include medicine): \_\_\_\_\_

Describe any Dietary Modifications: \_\_\_\_\_

Special needs: \_\_\_\_\_

Has your child had pre-school screening? Yes/No

**SOCIAL DEVELOPMENT**

Has your child had previous group experience? Yes/No What kind? \_\_\_\_\_

Is your child able to adapt to change? Yes/No Does your child have playmates? Yes/No

Does your child prefer to play alone or with others? \_\_\_\_\_

How does your child react in new social situations? (circle) shy friendly cautious outgoing

What do you want your child to get from the preschool experience: \_\_\_\_\_

**EMOTIONAL BEHAVIOR**

Characteristic Behavior (check all that apply)

- calm  excitable  easily angered  crying  cooperative  quiet  temper tantrums
- whiny  happy  independent  active  fights often  wants own way  gives in easily
- aggressive  stubborn  fearful

What behavior do you consider the most difficult to deal with? \_\_\_\_\_

Do you have concerns about your child's behavior? Yes/No If yes, please describe: \_\_\_\_\_

Type of discipline used at home: \_\_\_\_\_

How did you hear about Augustana Preschool? \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Child is enrolled in:** **3's:** T/TH 9:00 – 11:30am or T/TH 9:00 – 12:30pm

**4's:** M/W/F 9:00 – 11:30am or M/W/F 9:00 – 1:00pm or M - F 9:00 – 11:30am or  
M – F 9:00 – 1:00pm

**For Office Use Only:**  Individualized Child Care Plan on site?  Allergy Action Plan on site?