



**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?