

Please List All Previous Child Care Providers, Programs, Schools:

_____ Dates: _____
_____ Dates: _____

Primary Language Spoken At Home: _____

Other Languages Spoken By In-Home Caregivers: _____

Does your child have any special needs? YES NO This information is used for placement purposes only and does not affect admissions. If yes, please describe: _____

Does your child receive any support services? YES NO This information is used for placement purposes only and does not affect placement. If yes, please describe: _____

Distribution of Address: I hereby give my permission for distribution of my address and phone number to any other parent of a child enrolled in this school. (Addresses will not be given out for any commercial purposes.) *Parent initials* _____

I HAVE READ THIS FORM AND ACKNOWLEDGE THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND CORRECT. I WILL NOTIFY SAINT CLEMENT EPISCOPAL SCHOOL PROMPTLY OF ANY CHANGES IN THE ABOVE INFORMATION.

SIGNATURE OF PARENT/GUARDIAN

DATE