

REGISTRATION FORM  
CONCORD W.E.E. SCHOOL 2020-21  
13775 Tesson Ferry Road, St. Louis, MO 63128  
PHONE: 314-843-9148 ~ FAX: 314-843-2983  
www.concordweeschool.net

<b>FOR SCHOOL USE ONLY</b>	
Date Rec'd _____	
New Student _____	Former Family _____
Previous class _____	
Amt. Paid _____	Ck. # _____ / Cash _____

**PROGRAM CHOICE** ~  
**2's and 3's Classes**

- Tuesday/Thursday (Children that are 3 and up entering into this class must be potty-trained)
- Monday/Wednesday/Friday (Children that are 3 and up entering into this class must be potty-trained)
- Monday-Friday  
\_\_Monday \_\_Tuesday \_\_Wednesday \_\_Thursday \_\_ Friday (3 days a week or more flex schedule available)

**Pre-K (must be potty-trained)**

- Monday/Wednesday/Friday
- Monday-Friday  
\_\_Monday \_\_Tuesday \_\_Wednesday \_\_Thursday \_\_ Friday (3 days a week or more flex schedule available)

**GENERAL INFORMATION** ~

*Please print in blue or black ink, and complete all blanks.*

Child's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Primary Phone (\_\_\_\_) \_\_\_\_\_ Mom Cell (\_\_\_\_) \_\_\_\_\_ Dad Cell (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Home Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_ (work phone) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Home Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_ (work phone) \_\_\_\_\_

Primary email address \_\_\_\_\_

Number of children in family \_\_\_\_\_ please list other children in family:

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

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

Expecting baby(ies)?  Yes  No Due date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child lives with:  Both Parents  Mother only  Father only  Other (specify): \_\_\_\_\_ Divorced?  Yes  No

Is child adopted?  Yes  No If yes, at what age? \_\_\_\_\_ Does the child know?  Yes  No

Is child in care of babysitter on days he/she attends school?  Often  Occasionally  Never Comments: \_\_\_\_\_

List allergies other than to medications \_\_\_\_\_

List any other preschool experience \_\_\_\_\_

How did you find out about our preschool? Referral from a friend, whom? \_\_\_\_\_ Other \_\_\_\_\_

Do you have a church home  Yes  No If so what church \_\_\_\_\_

**SOCIAL AND PHYSICAL GROWTH:** Please describe your child...

1. What would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_
2. What are some of the ways your child plays at home? \_\_\_\_\_
3. Does he/she play well with other children? \_\_\_\_\_
4. List methods of discipline used with your child. \_\_\_\_\_
5. What are you hoping to gain from our program? \_\_\_\_\_