

REGISTRATION FORM
CONCORD W.E.E. SCHOOL 2021-22
13775 Tesson Ferry Road, St. Louis, MO 63128
PHONE: 314-843-9148 ~ FAX: 314-843-2983
www.concordweeschool.net

FOR SCHOOL USE ONLY	
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 ~

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? _____