

St. Lawrence Preschool

Student's Name _____ DOB: _____

Parent/Guardian _____

Parent/Guardian Contact Number _____

Parent/Guardian email address _____

Check Program:

_____ 4 year old

_____ 3 year old (_____ ½ day* _____ full day) ***Full Day students will take precedence over ½ day students.**

Name of sibling _____ Age _____ School Attending _____

Name of sibling _____ Age _____ School Attending _____

Name of sibling _____ Age _____ School Attending _____

Name of sibling _____ Age _____ School Attending _____

Religion _____ Church Attending _____

If you and the physician of your choice, as indicated online, cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes or No Signature of parent or guardian: _____

As a parent and/or guardian, I authorize the treatment of minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes or No Signature of parent or guardian: _____

St. Lawrence Preschool

ABOUT YOUR CHILD

Child's name: _____

Name your child goes by and will learn to write: _____

Primary Language your child speaks: _____

Has your child been in a group setting before? Yes _____ or No _____

If yes, where? _____

when? _____

Is your child right handed or left handed? _____

Does your child have any physical limitations? _____

Does your child have special needs? _____

Describe your child's disposition: _____

Describe your child's strengths: _____

Describe your child's interests: _____

List any concerns you may have regarding your child's development:

Parent/Guardian Signature: _____ Date: _____

St. Lawrence Preschool

1925 Lewiston Drive Louisville, KY 40216-2568

*Notice to Parents/Guardians who are registering new students in Preschool for 2025-2026:

Parents/Guardians are required to inform school officials of their child's special academic, emotional, or physical needs. School officials must also be informed of any evaluations for any disabilities that may impact a child's educational progress by Jefferson County Schools or any private agency. Copies of evaluation reports are needed to be considered for acceptance. School officials have the right to decide if its program will best meet an individual child's special learning needs.

If your child has been evaluated or is receiving special services, please submit a copy of your child's testing information.

We require this document in order to act on your child's application for enrollment. We hope to send out acceptance letters by January 15, 2025.

Openings will be filled only if school officials have copies of the most recent evaluation information (if applicable) included with all enrollment applications.

Child's Name _____

HAS YOUR CHILD BEEN RECOMMENDED FOR AN EVALUATION (I.E. SPEECH, OCCUPATIONAL THERAPY, COGNITIVE DELAYS, DEVELOPMENTAL DELAYS, BEHAVIORAL OR EMOTIONAL DISORDERS, LEARNING DIFFERENCES, ETC...)?

YES _____ NO _____

HAS YOUR CHILD BEEN EVALUATED? YES _____ NO _____

IS YOUR CHILD CURRENTLY RECEIVING SPECIAL SERVICES? YES _____ NO _____

DOES YOUR CHILD HAVE A LEARNING DIFFERENCE THAT WILL REQUIRE ACCOMMODATIONS? YES _____ NO _____

PARENT/GUARDIAN SIGNATURE

DATE