

Soulard Education Center  
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 St. Louis, MO 63104  
 (314) 865- 2799 Fax: (314) 773- 8849  
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[www.soulardschool.org](http://www.soulardschool.org)

Admission Date:  
 Discharge Date:



*Early Childhood Placement Application*

Child's Name:	Date of Birth:
Address:	Identifying gender:
Contact phone number:	Ethnic/ Race (optional):
Applying for (circle one): Jr. Pre-K    Sr. Pre-K Child's age as of August of next school year:	School year applying for:
Beforecare will be needed (circle days): M T W Th F  Aftercare will be needed (Circle days): M T W Th F	Applying for (circle one): 3 days a week 4 days a week 5 days a week Flexible
Current School or Daycare:	Days requested (circle): M T W Th F
How did you hear about Soulard Education Center (include a name so we can thank them):	
If you submitting for multiple children include their name, date of birth, and gender:	

\* Soulard Education Center is the sister organization of The Soulard School, serving early childhood students. Placement in SEC programming does not guarantee enrollment in The Soulard School charter elementary program.

### Identifying Information Parent 1

Child Primarily Resides with:	Address:
Parent name:	Phone number:
Madien name or additional names used:	Work phone number
Email:	Relationship to child:
Occupation:	Name & address of employer:
Work or school schedule:	

### Identifying Information Parent 2

Parent Name:	
Address:	Phone number:
Madien name or additional names used:	Work Phone number:
Email:	Relationship to child:
Occupation:	Name & address of employer:
Work or school schedule:	

### Identifying Information Step-Parent or Guardian

Name:	Address:
Madien name or additional names used:	Phone:
Email:	Relationship to child:
Occupation:	Name of Employer:

Identifying Information Step-Parent or Guardian

Parent name:	Address:
Madien name or additional names used:	Phone:
Email:	Preferred form of contact: email phone text
Occupation:	Name of Employer:

Emergency Contact (one person other than parent)that has permission to pick-up child from facility

Name:	Relationship to child:
Address:	Phone:
Name:	Relationship to child:
Address:	Phone:

Briefly describe your child:

Tell us about your child developmentally (strengths, challenges, diagnosis, habits or individual needs):

Why do you want to send your child to Soulard Education Center:

List any allergies or medications prescribed to your child:

Has your child been seen by medical specialist other than your family doctor/ pediatrician (list below):

Age child started childcare (if applicable):

Describe any special evaluations, diagnoses, or services your child has received:

Experiences in childcare (including school/ in-home daycares attended, positive or negative?)

Briefly describe your child's eating habits:

What languages are spoken in your home? What is your child's primary language:

Briefly describe your child's napping habits (if any):

Is your child potty trained?

List the name and ages of any other siblings living in the same residence:

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The Soulard School adheres to the belief that a school community that includes and respects people of different talents, interests, abilities, races, cultures, income levels, lifestyles, and religions can surpass the potential of any homogenous group in helping children develop respect for their own talents and differences while they learn to value others. Soulard School admits students of any race, religion, color, and national or ethnic origin. Please let us know of the need for any special accommodations your child might require.

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**Sliding Scale Tuition Information:**

Our pre-k sliding scale tuition enables all Soulard School families to educate their children as equal members of economically, racially, and culturally diverse community. The Family Financial Commitment Plan (FFCP) is a tool for families to determine tuition. Families wishing to utilize the FFCP can expect to pay on average 10% of their household income toward tuition. See Tuition & Scheduling Table on our website for information on Pre-K, and before/aftercare pricing.

Please select one of the following:

We/I choose NOT to complete the financial worksheet and will pay the full cost per student.

We/I have included the FFC financial worksheet.

We/ I will be submitting the FFCP financial worksheet by \_\_\_\_\_.

All supporting documentation related to the FFCP, including tax returns are due by: \_\_\_\_\_

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By submitting this application to Soulard Education Center, We/I understand that tuition does not cover the entire cost of educating students. We/I understand that the entire parent body shares in the responsibility to raise additional funds and understand the obligation to contribute to the Annual Fund and other fundraising events to the fullest extent possible.

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Signature:

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Date Signed:

A non-refundable application fee of \$50 per family must accompany this form.