



FOR OFFICE USE ONLY
CLASS ASSIGNED _____
PACKET RECEIVED: _____
DATE ENROLLED _____

St. Paul's Evangelical Lutheran Church  
**HILLTOP CHRISTIAN EARLY LEARNING CENTER**  
 837 Charles Street, Torrington, CT 06790  
 Phone: (860)482-3727

**2026-2027 St. Paul's Hilltop Christian Early Learning Center Registration**

**ABOUT THE CHILD**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Name you would like your child to know/recognize. \_\_\_\_\_  
 Child's Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
*Optional:* Race/Ethnic Category:  American Indian  Asian  Black, not of Hispanic Origin  
 White, not of Hispanic Origin  Hispanic/Latino Other \_\_\_\_\_

**About Parents**

**Parent 1** Full name \_\_\_\_\_ e-mail address \_\_\_\_\_  
 Parent 1 Address: Same as child's or: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Employer's address \_\_\_\_\_  
 Phone Numbers: Work (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Parent 2** Full name \_\_\_\_\_ e-mail address \_\_\_\_\_  
 Parent 2 address: Same as child's or: \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Employer's address \_\_\_\_\_  
 Phone Numbers: Work (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Child's Living Arrangement:** How many family members are in the same home? \_\_\_\_\_

LIVES WITH: Both Parents Mother Father Guardian \* Other \* \*Relationship to Child \_\_\_\_\_  
 \*Full Name (if other than parent) \_\_\_\_\_  
 \*Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 \*Phone Numbers: Work (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Family Languages:**

What language did your child learn to speak first? \_\_\_\_\_  
 What is the primary language spoken by parents or guardians in the home? \_\_\_\_\_  
 What is the primary language spoken by your child at home? \_\_\_\_\_  
 Who speaks English in your home? \_\_\_\_\_

**Additional Questions:**

How did you hear about Hilltop? \_\_\_\_\_

Are you an active member of St. Paul's? Yes No

Do you have a child currently enrolled in Hilltop? Yes No

**Local people to contact when parents are unavailable:**

Full name of 1st contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Full name of 2nd contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Full name of 3rd contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Names of Child's <b>Brothers</b>	Age	Date of Birth		Names of Child's <b>Sisters</b>	Age	Date of Birth

**Child's Health History**

Physician's Name \_\_\_\_\_ Town \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Is your child regularly or intermittently on any medications? Yes No

If yes, please name the medication(s) \_\_\_\_\_

How often is it given? \_\_\_\_\_

Doctor that ordered the medication: \_\_\_\_\_ Town \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Does your child have asthma? Yes  No

Does your child use an inhaler or nebulizer (electronic machine with inhaler medication)? Yes  No

If yes, how often? Seasonally only Regularly throughout the year Only when ill

List your child's allergies (food, medications, seasonal, other) \_\_\_\_\_

Children must have flu vaccine by the end of December in the year they are first enrolled and each subsequent year thereafter.

Is your child prescribed an Epi Pen? Yes  No

List any restrictions your child has (Physical, non-allergy diet, other) \_\_\_\_\_

PLEASE NOTE: Your child **MUST** be potty trained at the beginning of the school year. (This does not apply to children in the 2-year-old class)

**Additional comments from parents/guardians:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent\Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE INCLUDE A \$90.00 registration fee. 2 OR MORE CHILDREN: \$120.00 per family **This fee is NON-REFUNDABLE**

**PLEASE MAKE CHECKS PAYABLE TO: ST. PAUL'S** Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Hilltop is an equal opportunity employer and educational institution and does not discriminate based on race, religion, color, sex, national origin, age, or handicap, nor does it tolerate sexual harassment.

Child's Name \_\_\_\_\_

*Classes may be  
combined or  
cancelled  
pending low  
enrollment at  
the discretion  
of the  
Hilltop  
Advisory  
Committee*

**CLASSROOM CHOICES:** (Please check the choice that best suits you and your child)

<b><u>Age</u></b>	<b><u>Days of the Week</u></b>	<b><u>Time</u></b>
<b>***CHILD MUST TURN 2 YEARS OF AGE BY SEPTEMBER 1<sup>ST</sup>***</b>		
<input type="checkbox"/> 2-year-olds	***Tuesday/Thursday <b>ONLY</b>	9:30a – 11:30a
<b>****CHILD MUST TURN 3 YEARS OF AGE BY SEPTEMBER 1<sup>ST</sup>****</b>		
<input type="checkbox"/> 3-year-olds	****MWF Part day session	9:30a – 12:00 noon
<input type="checkbox"/> 3-year-olds	****MWF Full day session	9:30a – 2:45p
<input type="checkbox"/> 4-year-olds	5 Full day session	9:15a – 2:45p
<input type="checkbox"/> 4-year-olds	4 Full day session	9:15a – 2:45p
<input type="checkbox"/> 4-year-olds	3 Full day session	9:15a – 2:45p
<input type="checkbox"/> 4-year-olds	2 Full day session	9:15a – 2:45p
<input type="checkbox"/> 4-year-olds	Part Day sessions upon request	9:15a – 11:45a

PLEASE NOTE: Priority is given to students choosing 4 or 5 Full day sessions. Please speak with Mrs. Mazzei with any questions.

- \*Early Start CT (ESCT) M-F Full day session 9:00a – 3:00p  
(Formerly School Readiness)

**\*Families must meet income and residency requirements for this classroom**