

***Northern Neck Christian School***

***Application for 2020-2021***



Date *Application Received*

Applicant’s Picture

*(Office Use Only)*

***Northern Neck Christian School***

***Pre School Application -* Part 1 of 2**

***School Year 2020-2021***

Full name of Applicant

First Middle Last

Nickname Male Female Age

Date of Birth **Please Circle**: Aftercare (until 5:00) Yes or No

Father/Guardian’s Name Home Address City State Zip Phone (H/W/C) \_\_\_\_\_\_\_ Email \_\_

Occupation

Place of Business Business Address City State Zip

Mother/Guardian’s Name Home Address City State Zip Phone (H/W/C) Email Occupation Place of Business Business Address City State Zip

Applicant lives with Relationship

Brothers and Sisters (use separate sheet if necessary)

 Age Male/Female

 Age Male/Female

 Age Male/Female What languages are spoken at home?

What is applicant’s first language?

Are you interested in a mid-year start, if no space is available in September?  **Y or N**

Applicant’s Name

Previous School Experience: Please complete the following for all schools your child has attended. *We reserve the right to contact your child’s previous school(s) and/or your child’s former teacher(s).*

School Address Phone Dates of Attendance Teacher’s Name

I first learned of the Northern Neck Christian School through

Does the applicant have any known educational, psychological, speech/language, or learning difficulties? *Yes or No*. If yes, please explain (use separate sheet if necessary) and provide a copy of all test and evaluation results.

Is the applicant toilet trained? Note: Children ***must*** be toilet trained by the time they enter school.

Please initial the following statements:

## I understand that I am to provide proof of identity and age for my child

 Initials

Date

Signature of Father or Guardian

Date

Signature of Mother or Guardian

*The Northern Neck Christian School admits students of any race, religion, sex, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate in the*

*administration of its educational policies, admissions policies, and other school administered programs.*

***Northern Neck Christian School***

**Parent Questionnaire – Application Part 2 of 2**

***Preschool Application***

At the Northern Neck Christian School, we believe that we are partners with the parents in the education of the child. This questionnaire asks you some specific questions about your child and family, the answers to which will help us get to know your child better. Please consider elaborating in the additional comments section in Part V or on a separate sheet any points which you feel are particularly pertinent or not adequately covered. Thank you.

Applicant’s Name Birthdate

#### PART I – FAMILY INFORMATION

Check if appropriate

Mother Deceased Parents Separated Mother Remarried

Father Deceased Parents Divorced Father Remarried

If the parents are separated, with whom does the child reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other adults, other than the parents, involved in the regular care of the applicant (i.e. Step-parent, Grandparent, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what are their names, relationship to the applicant and how much time do they spend with your child?

Do these adults speak English? If not, what language do they speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will pick up the child if the child becomes ill at school? Does this person speak English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### PART II – MEDICAL INFORMATION

Does the child have allergies: Please circle: Yes or No.

To foods? Drugs?

Seasonal? Others?

Does the applicant have any chronic physical or medical conditions which may affect his/her ability to learn?

Describe:

Does the applicant have any chronic illness? Does this illness cause prolonged absences from school? Describe.

Does the applicant take daily medication at any time of the year? Describe condition and medication.

#### PART III – DEVELOPMENTAL INFORMATION

What group/school experiences has your child had? Please give dates:

What was your child’s response to these situations?

What are your child’s favorite activities and/or playthings?

Does your child separate easily from you and/or other caregivers?

Does your child have responsibilities at home? Describe

Which item(s) best describe your child’s learning style (check all that apply)?

Enjoys big movement Prefers to observe Self motivated Needs repetition

Likes working with hands Needs one on one Eager to try new things

Absorbs information by being read/talked to

How does your child interact with siblings? How does your child socialize with other children?

Describe your child’s personality? (shy, passive, assertive, confident, etc.)

How does your child respond to new situations?

Does your child have any particular or unusual fears?

Have there been any significant/traumatic events in your child’s life?

What are your child’s strengths?

Are there any areas in which your child may need help?

How many hours does your child watch television daily? Do you restrict your child’s viewing in any way?

Do you read to your child? How frequently? What is your child’s waking time? Bed Time? Does your child still take naps? If your child still naps, what is his/her usual naptime and duration?

#### PART IV – PARENTAL INFORMATION

If applicable, have you had any (positive or negative) experiences at the applicant’s current school that you would like to share with us?

Are both parents in agreement regarding educational goals for the child and approaches to child

rearing? What form of discipline do you use at home?

Does either parent travel frequently? How does the child react when the parent(s) are away?

#### PART V – SUPPLEMENTAL INFORMATION

Does anyone in your family have any specific traditions, skills, languages, or experiences which you might be

willing to share with your child’s class or the school in general? If so, please describe:

Questions you would like to have addressed or Additional Comments:

I certify that the answers provided herein are true and complete to the best of my knowledge.

Signature of Father/Parent/Guardian Date Signature of Mother/Parent/Guardian