



New Hope Christian School

Kindergarten Student Application

Age 5 by September 1st: 5-day AM 5-day Full Day

Personal Info

Date: _____

Student's Name Last First Middle Gender

"Goes by" Name (if different) Date of Birth Place of Birth

Address City State Zip Code

Schooling

Has your child attended day-care or preschool? Yes No If yes, where?

Name Address Phone

Is your child right or left handed? Right Left

Family Life

For what household chore(s) is your child responsible? _____

What methods of discipline are used in the home? _____

In what family-centered activities does your family participate? _____

Does your child willingly share? Always Sometimes Never

Has your child shown interest in prayer or Bible stories? Yes No

Does your child have siblings? Yes How many? _____ What ages? _____ No

Does your child mostly play with children who are older, younger, or the same age? _____

How does your child meet new acquaintances? Easily Timidly Reluctantly

Does your child have any fears (i.e. animals, dark, heights, clowns, etc)? If so, please list: _____

Health

****Immunization Certificate Required****

Health of child: Good Fair Poor If poor, explain: _____

Does your child have any allergies? Yes No If yes, explain: _____

Is your child on special medication? Yes No If yes, explain: _____

Church Involvement

Does your child go to Sunday School? Yes No Church? Yes No _____
Name of Church