



# 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

Student's T-Shirt Size: Child XS / S / M / L

**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