

# CONFIDENTIAL FORM

18 Months - Kindergarten

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle Name Used

Class Applying for: 18-24month 2Yr Old 3 Yr Old 4 Yr. Old Kindergarten

M-F \_\_\_\_\_ MWF \_\_\_\_\_ T/Th \_\_\_\_\_

Early Bird (7:30-8:15): Yes or No After Care (3:00-6:00): Yes or No

Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Work Ph. \_\_\_\_\_ Father's Work Ph. \_\_\_\_\_

Mother's Cell Ph. \_\_\_\_\_ Father's Cell Ph. \_\_\_\_\_

Other Numbers \_\_\_\_\_

Other emergency names and phone numbers \_\_\_\_\_

Relationship to your child \_\_\_\_\_

*Please complete the following information, understanding that it will be confidential. Your child is very precious to us; and therefore, it is our desire to meet his/her needs to the best of our ability. The information below will enable us to better understand your child. Thank you for helping us.*

## Mother's Information:

Name \_\_\_\_\_

Married/Single/Divorced

Address \_\_\_\_\_

Profession \_\_\_\_\_

\*e-mail address(es):

Firm Name \_\_\_\_\_

Education Level \_\_\_\_\_

## Father's Information:

Name \_\_\_\_\_

Married/Single/Divorced

Address \_\_\_\_\_

Profession \_\_\_\_\_

\*e-mail address(es):

Firm Name \_\_\_\_\_

Education Level \_\_\_\_\_

\*We use e-mail to keep parents informed about upcoming school events and notices.

Name of day care or preschool last attended: \_\_\_\_\_  
School Name

Was this a positive experience for your child? Yes or No

***Please circle the answer that best describes your evaluation of your child.***

Academically do you consider your child: above average average below average

In peer relationships do you consider your child: above average average below average

Does he/she make friends easily? \_\_\_\_\_Yes \_\_\_\_\_No

Emotionally do you consider your child: above average average below average

How does your child relate to you as the parent?  
overly dependent overly independent comfortably

How would you rate your child's obedience to you on a scale of 1-10?  
(10 being very obedient)

1 2 3 4 5 6 7 8 9 10

How well does your child respond to other authority figures? (Grandparents, Sunday School Teachers)  
compliant reluctant defiant

On a scale of 1 - 10 how does your child feel about school?  
(10 being enjoys/looks forward to school)

1 2 3 4 5 6 7 8 9 10

Does your child have any specific habits? (thumb sucking, nail biting, hand washing, teeth grinding, snapping)

\_\_\_\_\_

Siblings: (names and ages) \_\_\_\_\_  
How does your child relate to siblings? \_\_\_\_\_

What other adults live in your home? \_\_\_\_\_

With whom does your child stay when mother/father is away? \_\_\_\_\_

Right/Left Handed \_\_\_\_\_

Favorite toys: \_\_\_\_\_

Special talents/interests: \_\_\_\_\_

How often does your child watch TV/videos? \_\_\_\_\_

What is your child's favorite TV program/video? \_\_\_\_\_

Does your child sit and listen to stories? \_\_\_\_\_ Like books? \_\_\_\_\_

What kind? \_\_\_\_\_

Can your child read? \_\_\_\_\_ If not, does he/she show interest? \_\_\_\_\_

Does your child enjoy music/singing? \_\_\_\_\_ Types of music? \_\_\_\_\_

Pets? (names/kind) \_\_\_\_\_

Does your child attend Sunday School? \_\_\_\_\_ Where? \_\_\_\_\_

Any other activities outside the home? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_ Number? \_\_\_\_\_ Game? \_\_\_\_\_

What are some experiences which have influenced your child (trips, illnesses, accidents, moves, job loss, deaths, divorce, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a daily routine and how does he/she react to changes in routine?  
\_\_\_\_\_

Does your child need help going to the bathroom? Explain \_\_\_\_\_

What are some chores/responsibilities your child has around the house?  
\_\_\_\_\_

Should we be made aware of anything which frightens your child?  
\_\_\_\_\_

How do you discipline your child?

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What is his/her reaction to your discipline?

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Allergies \_\_\_\_\_

Have you detected or suspected difficulties in hearing? \_\_\_\_\_ speech? \_\_\_\_\_ sight? \_\_\_\_\_

Explain \_\_\_\_\_

Does your family have a church affiliation? If so, where do you attend?

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How did you first learn of NCA? (**check only one**)

Student(s) currently enrolled     Alumni     Newspaper or magazine  
 Minister     Parents of NCA student     Telephone book     Online search  
 Facebook

Did you explore our website?     Yes     No

Are you a NCA Facebook fan?     Yes     No

What most influenced you to apply to NCA?

Bible based curriculum     Location     Teaching Staff  
 Recommendation of NCA families     Desire to attend a private school  
 Website Information

Thank you for sharing this information about your child. Please use area below to tell us anything else you want us to know about your child. Is your child imaginative, artistic, talkative, temperamental, jealous, independent, happy, etc.?

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