

# 2011-2012 COLUMBIA ACADEMY PRESCHOOL APPLICATION

Please fill out the following information and enclose a **\$50.00** one time, non refundable **application fee** and a **\$100.00 enrollment fee** per student (**total of \$150.00**).

## STUDENT'S PERSONAL INFORMATION

Student's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Student's SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Male/Female \_\_\_\_\_  
Allergies/Medical Concerns: \_\_\_\_\_

## FAMILY INFORMATION

Father's Name _____	Mother's Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Business Phone _____	Business Phone _____
Email _____	Email _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Religious Affiliation _____	Congregation _____

Student lives with:            Father \_\_\_\_\_            Mother \_\_\_\_\_            Both \_\_\_\_\_            \*Other \_\_\_\_\_

Correspondence sent to:    Father \_\_\_\_\_            Mother \_\_\_\_\_            Both \_\_\_\_\_            \*Other \_\_\_\_\_

\*Please explain and specify relationship and FULL name and address \_\_\_\_\_  
\_\_\_\_\_

Please list names and grades of other siblings that will be enrolled at Columbia Academy (If preschool, please specify number of days each week that the child will attend).

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

*Columbia Academy admits students of any race, color, national or ethnic origin to all activities generally accorded or made available to students of the Academy. Columbia Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its policies. The director will screen each application before final acceptance.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## EMERGENCY INFORMATION

Person authorized to act for parent in an emergency:

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

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician Name & Phone Number \_\_\_\_\_

## STUDENT INFORMATION

Why do you want your child to attend Columbia Academy's Preschool? \_\_\_\_\_

List the preschool/day cares that your child has attended beginning with the present school and if it was a positive experience:

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

### Daily Living:

Does your child have any food allergies? \_\_\_\_\_

Does your child take responsibility for his/her toilet needs (please explain)? \_\_\_\_\_

Does your child need help when changing clothes? \_\_\_\_\_

Is your child accustomed to resting after lunch and for how long? \_\_\_\_\_

### Social Relationships:

Is your child accustomed to playing alone or with other children? \_\_\_\_\_

Does your child have a favorite toy? \_\_\_\_\_

Describe your child's play with others (circle one):                      Aggressive                      Shy                      Withdrawn

List your child's fears: \_\_\_\_\_

Who does the most discipline at home? \_\_\_\_\_

What is your normal method of discipline? \_\_\_\_\_

Is there any other information you wish to share that would assist us in helping you train your child? \_\_\_\_\_

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

**I have received a copy of the Policy Statement and a copy of the Summary of Licensing Requirements for Child Care Preschool. I have also received a copy of the Parent/Student Handbook.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**