



Registration Date: _____ Disenrolled: _____
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Kindergarten Registration 2011-2012
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Child's Name: _____ M F Age: _____ Birth date: _____

Parent /Guardian Names: _____

Address: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email address: _____

Best method to reach you: _____ Best time to reach you: _____

Are child's parents married? _____ Who does child live with? _____

Does your family attend church? _____ Where? _____

Does your child have siblings? _____ Please list gender and ages: _____

Has your child previously attended preschool? _____ Where? _____

Please briefly describe your child's personality: _____

What do you and your child enjoy doing together? _____

Does your child have any health concerns or special needs? _____

Was he/she born full-term? _____

At what age did he/she walk? _____ Talk in sentences? _____

Can your child take care of his own toileting needs? _____

Does your child play actively or quietly? _____

Would you describe her/him as a leader or a follower? _____

Do you read to your child? _____ How often? _____

Is your child able to sit still for a story? _____

Does he/she have favorite books? _____

Has your child used scissors? _____ Crayons? _____

How many hours per day does your child watch television? _____

What are his/her favorite T.V. shows? _____

Is your child right- or left- handed? _____

Does your child have any unusual fears? _____

How do you expect your child to behave at school? _____

What is your biggest parenting challenge? _____

How do you discipline your child? _____

Why do you want your child to attend Calvary Central Christian Academy? _____

What else would you like us to know? _____

Please complete the emergency information form and submit along with:

- Current copy of your child's immunizations
- Birth certificate
- Parent/School Agreement