



Island Christian Academy
5373 Maxwelton Road
P.O. Box 1048
Langley, WA 98260
360-221-0919

PRESCHOOL ADMISSIONS APPLICATION

Application Date _____ Email _____
Child's
Last Name _____ First _____ Middle _____
Nickname _____ M _____ F _____ Birth date _____ Age _____
Street Address _____ City _____ Zip Code _____
Mailing Address _____ City _____ Zip Code _____

PRESCHOOL ATTENDANCE

Days of the week in Preschool (2 - 5 days):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

CHILD'S MOTHER

Name _____ Employer _____
Home phone _____ Cell phone _____ Work phone _____
Street Address _____ City _____ Zip Code _____
Address where you can be reached while child is in school _____
_____ City _____ Zip Code _____

CHILD'S FATHER

Name _____ Employer _____
Home phone _____ Cell phone _____ Work phone _____
Street Address _____ City _____ Zip Code _____
Address where you can be reached while child is in school _____
_____ City _____ Zip Code _____

MARITAL STATUS

_____ Married _____ Separated _____ Divorced — How long? _____

Custody/Visiting arrangements: _____

Stepfather's Name _____ Stepmother's Name _____

If child is adopted: Age at adoption? _____ Does child know he/she is adopted? _____

Remarks: _____

SIBLINGS

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Family's ethnic background: _____

Family's religious preference: _____

Church you attend: _____ Pastor: _____

PERSONAL HISTORY

Age child began talking _____ Does child speak any other languages in addition to English? _____

Does he/she have any unique words or sounds to express wants or needs? _____

Would you describe the child as active or quiet? _____ What are the child's interests and activities? _____

What are the child's favorite toys? _____

Does the child have any special fears that you are aware of? _____

SOCIAL RELATIONSHIPS

Has the child had play experience with other children? _____ Ages? _____

Has the child had previous experience in a preschool/daycare setting? _____

By nature, is the child: Friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

EATING

Does the child eat with a spoon? _____ fork? _____ hands? _____

General attitude toward eating: _____

Special likes: _____

Special dislikes: _____

Allergies: _____

Is the family vegetarian? _____ Other dietary restrictions? _____

TOILETING

Trained at _____ months. Does he/she have accidents? _____ At nap? _____ At night? _____

Is your child fully responsible for his/her own toileting? _____

If not, what assistance does he/she need? _____

Can the child be relied on to indicate his/her bathroom wishes? _____

What expressions does the child use to make his/her wants known? _____

Word child uses for urination? _____ Bowel movements? _____

To what degree can the child dress him/herself? _____

SLEEPING

Night sleep from _____ to _____ Afternoon nap? _____ How long? _____

What is his/her mood upon waking? _____

What methods have been useful to you in helping your child settle down for sleep? _____

BEHAVIOR

Methods parents find most effective in dealing with good behavior: _____

Methods parents find most effective in dealing with misbehavior: _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I give permission that my child, _____, may be given first aid/emergency treatment by a qualified child care provider and/or staff at _____

_____(Name and address of hospital).

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature _____ Date _____

Printed Name: _____ Phone # during school hours: _____

Parent/Guardian Signature _____ Date _____

Printed Name: _____ Phone # during school hours: _____