



# New Hope International Preschool Application

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Birthdate: 20\_\_\_ / \_\_\_ / \_\_\_ Nationality(ies): \_\_\_\_\_

Home Language(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

## FAMILY INFORMATION

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Father (Guardian)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Mother (Guardian)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Household Members (excluding applicant)

Name	Relationship to child	School / Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Religious Affiliation:** Please list the religion(s) practiced in the household and who practices them.

*By submitting this application, you understand that Christian principles will be taught at New Hope International Preschool and agree to cooperate with them.*

Child's Name: \_\_\_\_\_

## HEALTH INFORMATION

Has your child ever had any of the following medical issues? (If yes, explain.)

Asthma:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Diabetes:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Heart disease:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Seizures:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Serious injuries:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Major surgeries:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Food allergies:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Drug allergies:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Other allergies:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____

Please describe any physical, speech, or learning-related limitations that your child has. \_\_\_\_\_

Please describe any emotional or behavioral issues of which we should be aware. \_\_\_\_\_

Does your child require any medical or physical assistance during the day? \_\_\_\_\_

## CHILD'S PERSONALITY

Please describe your child's personality, and give a few illustrative examples. \_\_\_\_\_

Please list some of your child's strengths. \_\_\_\_\_

Please share any concerns you have about your child. \_\_\_\_\_

Please share the hopes you have for your child at New Hope International Preschool. \_\_\_\_\_

\_\_\_\_\_  
Date Father's (guardian's) signature

\_\_\_\_\_  
Date Mother's (guardian's) signature

Office use only

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