



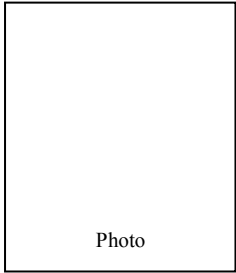
New Hope International Preschool Application

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 ___ No ___ _____

Diabetes: Yes ___ No ___ _____

Heart disease: Yes ___ No ___ _____

Seizures: Yes ___ No ___ _____

Serious injuries: Yes ___ No ___ _____

Major surgeries: Yes ___ No ___ _____

Food allergies: Yes ___ No ___ _____

Drug allergies: Yes ___ No ___ _____

Other allergies: Yes ___ No ___ _____

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