

STUDENT INFORMATION

Child's Full Name _____

Last

First

Middle

Nickname _____ Sex _____

Student's Address _____ City _____ Zip _____

Phone # _____ Birth Date _____ Child's Soc. Sec. #XXX-XX-_____

(last 4 digits)

List all children in the family household: Age Sex Relationship to Child

Name of other adults in the household and relationship to child _____

Child attends: _____ Church _____ Sunday School _____ Regularly _____ Occasionally _____ Does Not Attend

What pets are in the home? _____

Why have you chosen H.C.A. as your child's preschool? _____

Child's previous school experience (name of school, dates attended, days per week) _____

Reason for leaving previous school _____

Have any special needs been professionally identified concerning your child? _____ Yes _____ No

If yes, parent must provide copies of all reports and/or I.E.P. with submission of application

Has your child had any history of a physical condition or learning disability which could require professional attention which

H.C.A. may or may not be equipped to accommodate? _____ Yes _____ No If yes, please explain _____

Special problems or difficulties of the child (health, fears, dislikes, vision, emotional problems, coordination, etc.) that might

limit participation in school? _____

Child's primary language _____ If not English, does child speak and understand English _____ Yes _____ No

Check any areas of concern by parents or school personnel: _____ Distractible _____ Inattentive _____ Aggressive Behavior
_____ Difficulty following oral instructions _____ Biting _____ Other(explain) _____

What ages are the child's favorite playmates? _____

Does he/she have imaginary playmates? _____

What does he/she play with most when indoors? _____

Outdoors? _____

Describe your child in one word. _____

One of the nicest things about my child is _____

One think I would like to change about my child is _____

Is he/she dependent or independent? _____

Does he/she have any nervous habits? _____

Is your child right handed or left handed? _____

Is there any special problem area you would like us to concentrate on with your child? _____

Please describe any family problems that we must be aware of (eg. Divorce proceedings, custody disputes, death of a loved one, recent change in family environment). For the protection of your child it is important that H.C.A. have a copy of the most recent court ordered custody arrangements. Please forward copies of these documents prior to the start of school. **Copies of Court Ordered Arrangements must be supplied to HCA. ___Not applicable ___Attached ___Will forward prior to the start of school**

Please continue to the back page, sign and date application.

OPTIONS											
Please select:						Program Choice:					
<input type="checkbox"/> 3 yr. Preschool (3 yrs. by 9/30/19)						<input type="checkbox"/> Half Day					
<input type="checkbox"/> 4 yr. Pre-K (4 yr. by 9/30/19)						<input type="checkbox"/> School Day					
						<input type="checkbox"/> Full Day					
Check # of days and circle choice of days:											
FIRST CHOICE						SECOND CHOICE					
____ 3 days	M	T	W	Th	F	____ 3 days	M	T	W	Th	F
____ 4 days	M	T	W	Th	F	____ 4 days	M	T	W	Th	F
____ 5 days	M	T	W	Th	F	____ 5 days	M	T	W	Th	F

Class size is limited. Students will be placed on a waiting list if class is full.

Final acceptance and placement is at the Academy's discretion.

Do we have permission to print your phone number in our family directory? ____Yes ____No

*Persons authorized to take child from Academy. Provide full and complete contact information.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

*Your child will not be allowed to leave the Academy without authorization from responsible parent or guardian. It is the parent's responsibility to forward to the Academy immediately any Court Orders prohibiting or altering child custody. All children granted admission to our Early Childhood Programs are conditionally accepted subject to a trial period to determine his/her capacity to benefit from the program which is geared to the child who is reasonably sound in mental characteristics. Under normal circumstances, this trial period is the first 45 days of the child's attendance. Failure to provide accurate information may result in your child's termination from the program.

We/I have carefully read this Application Form and Early Childhood Handbook and wish to enroll our child at Holmesburg Christian Academy. The information provided is true and correct to the best of our/my knowledge. We/I understand and will complete all Pre-Admission forms prior to final acceptance and the start of School. We/I pledge to uphold tuition requirements and give our best in the necessary cooperation between the home and the Academy.	
Enclosed is the \$40.00 non-refundable application fee. (Please make check payable to: <i>Holmesburg Christian Academy</i>).	
Signature of Mother/Guardian _____	Date _____
Signature of Father/Guardian _____	Date _____

**EARLY CHILDHOOD STUDENT APPLICATION
2019-2020**

Student Name _____ Age _____
Last First Middle
Student Address _____ City _____ Zip _____

PARENT INFORMATION

Father's Name (Legal Guardian) _____

Relationship to student: ___Father ___Grandfather ___Step father ___Guardian Level of Education: _____

Father's Address (if different from student) _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Place of Employment _____ Occupation _____

Business Phone _____ Position _____

Marital Status: ___Married ___Separated ___Divorced ___Widower ___Single ___Remarried

Church Affiliation or Preference _____ Address _____

Pastor's Name _____

Do you attend church regularly? ___Yes ___No If no, explain why _____

I support the Biblical teachings and policies of H.C.A. ___yes ___no If no explain _____

Do you have an interest or occupation that could be shared with the children? Please explain _____

Mother's Name (Legal Guardian) _____

Relationship to student: ___Mother ___Grandmother ___Step mother ___Guardian Level of Education: _____

Mother's Address (if different from student) _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

Place of Employment _____ Occupation _____

Business Phone _____ Position _____

Marital Status: ___Married ___Separated ___Divorced ___Widower ___Single ___Remarried

Church Affiliation or Preference _____ Address _____

Pastor's Name _____ Do you attend church regularly? ___Yes ___No

I support the Biblical teachings and policies of H.C.A. ___yes ___no If no explain _____

Do you have an interest or occupation that could be shared with the children? Please explain _____