

Charity Christian Academy Application

7706 W. Illinois Ave.
Hutchinson, KS 67501

Email: ktaylor@charitychristianacademy.org

Application Date _____

Student's Full Name _____ Birth Date _____

Social Security Number (if available) _____ Grade: Nursery or Preschool

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

Country (If not USA) _____

Home Phone _____ Work Phone _____

Parents' Occupation (Mother) _____
(Father) _____

Are there health issues involved? Y/N If yes, please explain. _____

Has your child experienced any trauma before, during, or after birth (examples: temporary loss of oxygen during birth, mother's illness affected unborn child, bicycle accident, and so forth)? _____

If yes, please explain. _____

The purpose of your application (check one): _____ enrollment _____ consultation only

Charity Christian Academy Developmental Questionnaire: for Nursery and Preschool

Child's complete name _____

Birth Date: _____

1. In what level is your child this school year? "She/He is in the nursery/preschool level (circle one) in this school year: 20__"

2. Who will be the primary educator for this child? _____

3. **This is an optional question; answer it only if you desire accommodations or services.**

If your child has any special medical conditions or disabilities, please attach a written statement that includes what the condition is and what professionals feel would be the best educational approach for your child. Also, include a list of medications that your child is on especially any for ADD, ADHD, depression, anxiety, and seizures.

4. **This is an optional question; answer it only if you desire accommodations or services.**

Is your child receiving special education help in any form including physical therapy or speech therapy? Yes No

Please Describe. _____

