

## Charity Christian Academy Application

3706 W. 7<sup>th</sup> Ave  
Hutchinson, KS 67501

Email: [ktaylor@charitychristianacademy.org](mailto:ktaylor@charitychristianacademy.org)

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**Application Date** \_\_\_\_\_

**Student's Full Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Social Security Number (if available)** \_\_\_\_\_

**Grade:**  **Preschool 1**       **Preschool 2**       **Kindergarten 1**

**Parent(s) Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Country (If not USA)** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parents' Email Address** \_\_\_\_\_

**Parents' Occupation (Mother)** \_\_\_\_\_

**(Father)** \_\_\_\_\_

**Are there health issues involved? Y/N**      **If yes, please explain.** \_\_\_\_\_

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**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.** \_\_\_\_\_

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**Charity Christian Academy**  
**Developmental Questionnaire: for Preschool and Kindergarten 1**

Child's complete name \_\_\_\_\_

Birth Date: \_\_\_\_\_

1. In what level is your child this school year? "She/He is in the preschool/kindergarten 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. \_\_\_\_\_

\_\_\_\_\_  
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