



2016 – 2017 Kindergarten Registration

Student's _____
Name Last First Middle Name Called _____

Grade Entering _____ Birth date _____ Age as of Sept. 1, 2016 _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____

Primary Email (for statements and all correspondence) _____

Father's Name _____ Work Phone () _____

Cell () _____ Occupation: _____

Mother's Name _____ Work Phone () _____

Cell () _____ Occupation: _____

Marital Status of Parents () Married () Divorced () Widowed

Names of Grandparents: _____

PERSONAL INFORMATION

Please comment:

Areas in which the student excels _____

Areas in which the student has the greatest needs _____

Please check those terms which describe the student's typical behavior. Comment in the space below, if needed.

- | | | |
|--|--|--|
| <input type="checkbox"/> plays well with others | <input type="checkbox"/> exhibits independence | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> prefers to play alone | <input type="checkbox"/> follows rules | <input type="checkbox"/> confident |
| <input type="checkbox"/> takes the lead | <input type="checkbox"/> shares | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> tends to follow | <input type="checkbox"/> responds positively to correction | <input type="checkbox"/> nervous |
| <input type="checkbox"/> initiates activity | <input type="checkbox"/> content | <input type="checkbox"/> shy |
| <input type="checkbox"/> stands up for rights | <input type="checkbox"/> outgoing | <input type="checkbox"/> receptive |
| <input type="checkbox"/> even-tempered | <input type="checkbox"/> adaptable / flexible | <input type="checkbox"/> happy |
| <input type="checkbox"/> follows directions | <input type="checkbox"/> listens well | <input type="checkbox"/> easily distractible |
| <input type="checkbox"/> completes tasks | <input type="checkbox"/> interested in learning | <input type="checkbox"/> curious |
| <input type="checkbox"/> observant | <input type="checkbox"/> creative | <input type="checkbox"/> affectionate |
| <input type="checkbox"/> separates comfortably from parents | <input type="checkbox"/> clingy | <input type="checkbox"/> introverted |
| <input type="checkbox"/> quiet | <input type="checkbox"/> talkative | <input type="checkbox"/> witty/humorous |
| <input type="checkbox"/> able to express needs/wants clearly | <input type="checkbox"/> enjoys computer games | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> enjoys hearing/reading stories | <input type="checkbox"/> remembers details with ease | <input type="checkbox"/> athletic |
| <input type="checkbox"/> able to occupy self/plays alone | | |

List the student's interests / hobbies _____

List activities in which the student participates (i.e. baseball, music, gymnastics, AWANA, Boy/Girl Scouts, etc.)

Additional Comments, if necessary _____

Where or how did you hear about NCCA? _____

If you were referred to New Creation Christian Academy by an ACA family or staff member, please list the name.

RELIGIOUS INFORMATION

Denominational Preference _____ Name of Church _____

Pastor _____ Phone () _____

Address _____

Describe why have you chosen a Christian School in which to educate your child. _____

What do you feel is the role of parents in their child's education? _____

HEALTH INFORMATION

Please list environmental, food, and/or drug allergies _____

If child has a life-threatening allergy, he/she must wear a Medic Alert bracelet or necklace, and provide the teacher with an Epinephrine Pen for emergency administration. (The Epi-Pen must be provided on the first day of school.)

List medications currently taken on a regular basis, condition for which they are taken, and dosage amount and time

If child will require medication during school hours, provide a physician's statement listing the medication, dosage, administration route, and frequency. Please list medication, dosage, and administration time here. (The medication and dosage device, if needed, must be provided by the first day of school).

If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child.

EMERGENCY INFORMATION

Physician's Name _____ Phone Number () _____

May we administer Diphenhydramine Hydrochloride (same as Benadryl) for an allergic reaction?
(Dosage will be appropriate for age/weight). Circle YES or NO

May we give Acetaminophen (same as Tylenol) YES or NO; Ibuprofen (same as Motrin) YES or NO.
NOTE: You will be notified if either is given.

Names of two persons to call if parent cannot be reached. (List non-parents only).

1. Name _____ Relation _____

Phone () _____ Cell () _____

2. Name _____ Relation _____

Phone () _____ Cell () _____

In case of illness or injury that occurs at school, I authorize the school to evaluate, provide first aid, and to contact me for further advice and/or pick up. If the school is unable to reach me, I hereby authorize it to contact one of the two persons listed above for assistance.

However, if the illness or injury may endanger the child's life, cause physical impairment, disfigurement or undue discomfort if treatment is delayed, I authorize the school to also immediately seek further competent medical treatment as deemed necessary. This may include contacting the above physician.

Parent / Guardian Signature _____ Date _____

I, the parent / guardian, do hereby acknowledge the information given on this application is correct and true to the best of my knowledge.

Parent / Guardian Signature _____ Date _____