



NEW CONCEPT SCHOOL STUDENT APPLICATION

New and Returning Children (Watoto)

Date of Intake: _____

A. Basic Information

Child's Name: _____ Age: _____ Date of Birth: _____ Sex: (M) (F)
Does your child have any nicknames? _____ If yes, what is it? _____

Mother's/Guardian's Name: (Last) _____ (First) _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

School/Training Facility: _____ Address: _____

City: _____ State: _____ Zip: _____

Would you like to have the newsletter emailed to you? Yes No

Father's/Guardian's Name: (Last) _____ (First) _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

School/Training Facility: _____ Address: _____

City: _____ State: _____ Zip: _____



Does your child live with you? **Yes** **No**

If no, please provide information on who the child lives with:

Name: (Last) _____ (First) _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

List names of other siblings, birthdates, school & grade: *(additional names can be written on back of form)*

Sibling's Names	Birth Date	School & Grade
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____
4. _____	____/____/____	_____
5. _____	____/____/____	_____

Marital status of parents: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed

Has your child had a babysitter or attended another Day Care Program? **Yes** **No**

Why did he/she leave? _____

Was your child born in the USA? **Yes** **No** If not, where was he/she born? _____

Were the parents born in the USA? **Yes** **No** If not, where were they born? _____

Do you speak, write and understand the English language? **Yes** **No**

If not, what language do you speak? _____

Does the child speak, write and understand the English language? **Yes** **No**

If not, what language is spoken in the home? _____

B. Personality/Health

What do you like most about your child? _____

How is your child's temperament? (temper, tantrums, pouts, screams, stomps, yells, bites, etc.)

How do you discipline your child? _____

Does your child take naps during the day? **Yes** **No** What Time? _____ **Am** **Pm**

Does your child have nightmares at night or during the day? **Yes** **No**

If yes, how do you handle the situation? _____



Does your child have a fear of animals, insects, thunder, lightning, darkness, etc.? **Yes No**

If so, please be specific. _____

Does your child have any medical problems that NCS should be made aware of or concerned

about at this time? **Yes No** If so, please be specific. _____

Does your child have allergies? **Yes No** If so, what are they? _____

Was your child born premature or full term? _____ Were there any

complications? **Yes No** What kind of complications? _____

Is your child on any medication? **Yes No** If yes, what are the names of the medications?

C. Final Matters

Why is your child applying to New Concept School? _____

Describe your child's personality, interests, study habits: _____

What kind of choices is your child free to exercise: clothes selection, TV shows and times, bedtime, mealtime, doing homework, making friends, planning social activities, etc.? _____

What activities does your family enjoy together? (i.e., cooking, field trips, going to the park, vacations, reading together, playing games, etc.,) _____

What type of educational program are you seeking for your child? _____

How do you see your role as a parent at New Concept School? _____

How did you learn about New Concept School? _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Director/Representative Signature: _____ **Date:** _____

*** Registration is not complete until all required documents and fees are paid. ***