

Arc en ciel Application for Admission

Family Information

Date_____

Child's age as of June Yrs_____ Mos_____

Child's
Name_____ Male/Female_____

Date of Birth_____ Place of Birth_____

Guardians

Parent's Name _____ Phone_____

E mail_____ Address_____

Occupation_____

Interests and talents_____

Other Parent's Name _____ Phone_____

E mail_____ Address_____

Occupation_____

Interests and talents_____

Step-Parents/ Guardians _____ Phone_____

E mail_____ Address_____

Occupation_____

Person accepting responsibility for financial obligation_____

Siblings

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

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School attending _____

Child's current and previous education:

Other information

Interests, favorite games your child likes to play:

What activities outside of school does your child enjoy?

Artistic/ musical interests:

What do you consider to be your child's strongest aptitude of character?

What traits would you like to see strengthened:

Does your child speak another language at home?

Average hours of television viewed daily _____ On weekends _____

Average hours of video viewed daily _____ On weekends _____

Average time your child plays on your computer daily _____

Describe any extraordinary events in your child's life:

What would you like me to know about your child?

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What goals have you set for your child?

Medical information

Has your child ever been tested, assessed or recommended for any special needs or services? If so, please describe.

Has your child has difficulties with vision, hearing, walking speaking, or any physical or emotional trauma?

Please list major illness, childhood disease, serious accidents, and allergies:

Is your child currently taking any medication?

Has your Child experienced many moves? Divorce? Are there any circumstances in your child's life that you would like to discuss?

Please describe your child general nutrition:

Birth weight _____ Age he/she walked (approx) _____

Emergency procedure teacher should be familiar with: