

Covenant Preschool Application
2070 Ridgecliff Road
Columbus, OH 43221
614-538-0721

Date: _____

**\$50 Application fee (Non-refundable) should accompany this application.
(One application fee per family)

_____ 3 year old am _____ 4 year old am
_____ Tues. & Thursday 9-11:30am _____ Mon., Wed., & Fri. 9-11:30am

_____ 3 year old Enrichment _____ 4 year old Enrichment
_____ Fri. 9-11:30 _____ Tues. 9-11:30

Child's Name _____ M/F _____ Birthdate _____

By what name should we call your child at school? _____

Child's Address (include zip code) _____

Parents

Father's Name _____

Address if different from above _____

Training or Profession (whether currently working or not): _____

Current Occupation _____

Home phone _____ Business phone _____ Cell _____

Mother's Name _____

Address if different from above _____

Training or Profession (whether currently working or not): _____

Current Occupation _____

Home phone _____ Business phone _____ Cell _____

Parent's Marital Status: _____ Married _____ Divorced _____ Separated _____ Other

Who cares for the child during working hours? _____

Family Life

Other children in the family

Name	Age	Grade	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other persons living in the home (or frequently visiting)

Name	Relationship to the child
_____	_____
_____	_____

Family religious preference or affiliation: _____

Is your child adopted? _____ At what age? _____

Has he/she been informed? _____

Social Behavior

How does your child get along with adults? _____

Does your child play with other children? _____

Is sharing and taking turns difficult? _____

Does he/she play well alone? _____

Does he/she like quiet, or more active play? _____

Does your child have any pets? _____ If so, what kind? _____

Will your child be attending any other school such as ballet class, Sunday school, etc. this year? _____

What previous group experience has the child had and what was his/her reaction? _____

What are his/her favorite T.V. programs? _____

How much T.V. does he/she watch daily? _____

How do you usually discipline your child? _____

How does he/she respond to babysitters? _____

Does he/she have any special fears? _____

Developmental History

Eating:

Appetite? _____

Problems? _____

Food Allergies? _____

(If food allergies are listed, please ask for an emergency medical plan form)

Sleeping:

Usual time to bed? _____ Time to rise? _____

Problems? _____

Does he/she nap? _____ or rest? _____

Has there been an unduly stressful situation which has occurred in your life that you would like to share with us?

How has your child reacted to it? _____

What are your expectations for how preschool can benefit your child?

How can we help? _____

Who answered this questionnaire? _____

Any other comments? _____

Use the back if necessary.

Our class roster is distributed only to the teachers and current student's parents. Knowing this, may we print your name, address and phone number in the class roster? _____ If yes, how would you like for your names to appear?

Child's Name _____

Parent's Names _____

Thank you for taking the time to complete this form. The information will help us to understand your child and meet his/her needs better. **This information will be confidential and will be used only by our school staff.**

FOR OFFICE USE ONLY:

Child's Name: _____ **Class:** _____ **Enr.** _____

Date Received: _____ Reg. Fee Received: _____

Check # _____ Confirmation Letter Sent _____

Summer Mailing Sent: _____

