

2016 – 2017

**Kindergarten Enrichment Application**

2070 Ridgecliff Road, Columbus, OH 43221

614-451-6677 EXT. 23

preschool@covenantpcusa.org



The following non-refundable fee must accompany this application:

- \$50 Application fee (One application fee per family)

**The first of 9 tuition payments is due August 1, 2016. The last tuition payment is due April 1, 2016. Children must be 5 by Sept. 30, 2016. First day of Enrichment is August 17<sup>th</sup>, 2016; the last day is May 26, 2017. The Kindergarten Enrichment program is a 5 day a week program that follows the Upper Arlington Schools Calendar. When UA schools have scheduled days off, the Kindergarten Enrichment Program will not have classes. Classes run 5 days per week (M, Tu, W, Th, F) from 8:15 am to 11:45 am. Children must pack their own lunches.**

Tuition: \$300 per month x 9 months (\$2700 total tuition)

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Birthdate \_\_\_\_\_

By what name should we call your child at school? \_\_\_\_\_

Child's Address (include zip code) \_\_\_\_\_

**Parent Information**

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 \_\_\_\_\_

Email address \_\_\_\_\_

Parent's Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Other

**Family Life**

Other children in the family

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

**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?

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How has your child reacted to it? \_\_\_\_\_

**Where will your child attend kindergarten?** \_\_\_\_\_

**What are your expectations for how Kindergarten Enrichment can benefit your child?**

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What else should we know about your child?

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Use the back if necessary

Who answered this questionnaire? \_\_\_\_\_

Our class roster is distributed only to the teachers and current student's parents. Knowing this, may we print your name, address email and phone number in the class roster? Yes/No

If yes, how would you like for your names to appear?

Child's Name \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

How did you hear about Kindergarten Enrichment? \_\_\_\_\_

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:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Date Received: \_\_\_\_\_ Reg. /Supply Fee Received: \_\_\_\_\_

Check # \_\_\_\_\_ Confirmation Letter Sent \_\_\_\_\_

Summer Mailing Sent: \_\_\_\_\_