



Application for Admission

Application for:

- ½ day *Preschool (3 and 4 years old)*
- Full day Preschool (3 and 4 years old)*
- Full day Junior Kindergarten (4 years old)*
- Full day Senior Kindergarten to Grade 5*

Applicant's Name

First Middle Last

Date of Birth (M/D/Y) _____ *Male*
 Female

If you are applying for preschool, please indicate your preference:

Morning Only _____
Afternoon Only _____
Full Day _____

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Parent or Guardian Name(s)

First Middle Last

First Middle Last

Relationship to Applicant

Home Mailing Address

Telephone Numbers and Email

Home (____) _____

Work (____) _____

Cell (____) _____

Email _____

Sibling Name(s)

Date of Birth (M/D/Y)

School Attending

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other people living in the home _____

Relationship: _____

Name and Address of Applicant's Current Preschool / Daycare

(If child does not attend preschool, please provide music teacher or other teacher who knows the child well.)

_____	Current Teacher _____
_____	Telephone (____) _____

Is your child toilet trained? No Yes

How did you hear about Touchstone Academy?

Has a family member attended an Open House or visited the school? No Yes *Who?* _____

The undersigned grants Touchstone Academy permission to request and receive confidential information and teacher interviews regarding the applicant, and to retain such material in the applicant's file.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

In submitting an application, parents acknowledge that they understand and accept the Admissions Policy.



68A HAMPTON ROAD
ROTHESAY, NEW BRUNSWICK
E2E 5L5

Family History Form

Applicant's Name

First Middle Last

Date of Birth (M/D/Y)

Male

Female

-
1. *Please describe your child's personality. What are his or her interests and favorite activities?*

 2. *Do you have any concerns about your child's development or behavior?*

 3. *Does your child participate in any special group or individual activity? (music, dance, sports, language instruction, etc.)*

 4. *Does your child tend to play with children who are the same age, younger, or older?*

5. ***What are your child's responsibilities at home?***

6. ***Does your child speak or hear different languages at home? If so, which ones?***

7. ***Please provide information on any special gifts and talents or challenges your child has.***

8. ***Has your child ever had any special testing done? (speech, psychological, occupational therapy, etc.)***

9. ***Briefly describe the type of home discipline most frequently used.***

10. ***What goals do you have for your child?***

11. *As parents/guardians, what do you expect from the school?*

12. *What do you see in Touchstone Academy which makes you feel that it will be a place for your child to grow?*

Section B
Preschool Applicants only:

CHILD DEVELOPMENT

To help us better understand your child, his interests and development, please assist us by completing the following.

CHILD'S HEALTH AT BIRTH

Was your child more than 3 weeks premature? Yes No
If yes, how many weeks premature? _____

Did he/she stay in the hospital longer than the mother? Yes No
If yes, please explain _____

Were there any difficulties with your child at the time of delivery? Yes No

If yes, please explain _____

CHILD'S HEALTH SINCE BIRTH

EYES

Have you ever suspected that your child has vision problems?
(i.e. Holding books too close, constant rubbing of his/her eyes, lazy eye) Yes No

If yes, please explain: _____

EARS

Has your child had frequent ear infections? Yes No

Have you ever suspected that your child has hearing problems?
(i.e. Turning volume up, lack of response to voice levels) Yes No

If yes, please explain: _____

SELF HELP

In what way does your child need our help with the following self help skills?

Dressing/Undressing: _____

Eating: _____

Toileting: _____

Handwashing/Toothbrushing: _____

Other: (i.e.: gross and fine motor skills)

How does your child communicate his needs/feelings?

Sleeping Habits

What is your child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping or going to bed)

Are there any hints/suggestions you could share with us to make your child's transition to Touchstone Academy a positive one?

The "Good Things in Life"

What does your child like to do? (i.e. look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/ jump, paint, computer/TV, imaginative play/dress-up)

The thing that frustrates me most in trying to care for my child is: _____

Because: _____

I would describe my child as: _____

What I like best about my child is: _____

What concerns me most about my child is: _____
