



PRESCHOOL APPLICATION

Requested Start Date (M/D/Y): _____

Applicant's Name

First Middle Last

Date of Birth (M/D/Y)

- Male
 Female

Please indicate your preferred Preschool schedule. Options include (circle one):

Full time M-F full days **Part Time: MWF – full days**
Full time M-F mornings **Part Time: T/Th – full days**
Full time M-F afternoons

(AM sessions: 7:30am – 12:30pm; PM sessions: 12:30pm – 5:30pm)

Parent/Guardian Names

Relationship to Applicant

Email Address

Home Mailing Address

Telephone Numbers

Home () _____
Work () _____
Cell () _____

Sibling Name(s)

Date of Birth (M/D/Y)

School Attending

Other people living in the home _____

Relationship: _____

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

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

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

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

What goals do you have for your child?

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

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

To help us better understand your child, please assist us by completing the following questions about your child's development.

Is your child toilet trained?

Yes

No

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:

SLEEPING

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

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

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



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How did you hear about Touchstone Academy? _____

Has a family member visited the school? Yes No *Who?* _____

Are you interested in transitioning your child to the elementary program at Touchstone after Preschool?

Yes No Undecided

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.