

New Life Christian School

1528 River Road, Hamilton, NY 13346

Phone: 315 824-2625

www.nlcsny.org

Sleeping Habits

Usual night's sleep _____ hours

Nap in daytime Yes No

Length of nap _____ hours

Anxiety over dark Yes No

Frequent nightmares Yes No

Eating Habits

Appetite Good Fair Poor

Special dislikes _____

Allergies (Including food allergies) Yes No

If yes, please explain _____

Self-care Habits

Dresses self Completely Partially Not at all

Can tie shoes Yes No

Can use bathroom by self Yes No Accidents? Urine Bowels

Play Habits and Social Interaction

Nursery/Preschool experience Yes No Where? _____

Dates _____ Times per week _____

Previous experience with playmates Completely Limited None

Attitude toward playmates Friendly Indifferent Interested

Ability to get along with others Good Fair Poor

Is your child able to sit still and stay focused? _____

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Emotional Habits

List unusual fears _____

Frequent crying spells Yes No Temper tantrums Yes No

Frequent displays of affection Yes No

Displays jealousy toward other children in family Yes No If yes, please explain _____

Does your child leave you easily? Yes No

Nervous Habits

Thumb sucking Yes No

Biting nails Yes No

Other _____

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How did you hear about New Life Christian School? _____

Has this student previously been enrolled at NLCS? Yes No If yes, when? _____

Why are you seeking enrollment for your child at this time? _____

Field Trip Permission

Name of student: _____

I hereby give permission for my son/daughter to go on any class trips during the school year. I understand that the trips will be under the supervision of a teacher and that I will be notified of all trips prior to their occurrence.

I hereby relieve New Life Christian School of all responsibility beyond that of normal supervision.

Parent's Signature

Date

Damaged Book Policy

Students are issued their textbooks for the use of one school year. These textbooks are to be cared for with proper respect. Each book is to be returned in the condition it was received.

Students are not permitted to:

- Write in books
- Use highlighters
- Write on cover
- Put stickers on books
- Rip off cover

If a book is returned damaged, a damaged book fee will be levied. If the book needs to be replaced due to misuse, the student will be responsible for the replacement value of the book.

My child and I have read and understand the Damaged Book Policy.

Parent's Signature

Student's Signature

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Medical Authorization

Authorization must be given by parent and physician for medication to be taken during school hours. This includes **Tylenol, Pamprin, Ibuprofin, Cough Drops** ect.

Child's Name

Date

Physician's Name

Physician's Phone

I request that my child be assisted in taking the medication(s) described below at school by the authorized persons or permitted to medicate himself/herself as also authorized by me and my physician (see below).

Parent's Signature

Date

Home Phone

Emergency Phone

The following is to be completed by the child's physician

Diagnosis for which medication is given _____

Name of medication _____

Form _____ Dose _____

If the medication is to be given daily, at what time? _____

If the medication is to be given "when needed," describe criteria _____

How soon can it be repeated? _____

List side effects _____

Length of time treatment is recommended _____

Physician's Signature

Date

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Permission for Release

Please list below all persons who may pick up your child/children and who may not pick up your child/children from school. Your child will only be released to persons listed by you. If there is ever a change in who may or may not pick up your children, it is your responsibility to notify the school office prior to the change. This includes a neighbor, carpooler, babysitter, or relative. This is for your child's protection. All persons taking children out of school are required to check in at the office.

The following people MAY pick up my child/children:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following people MAY NOT pick up my child/children:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Pastor's Reference Form

Applicant's Name _____

Parents Name _____

Dear Pastor,

The student listed above is seeking admission to New Life Christian School. The mission of our school is to work with parents to develop godly, academically prepared, responsible students who can articulate and live out a biblical worldview.

Please complete this reference form as it pertains to this family and return it to directly to New Life Christian School. Responses will be confidential. Thank you for your insight into this student and the family.

1. Christian Commitment

- Strong evidence of commitment
- Some evidence of commitment
- No evidence of commitment

3. Church Relationship

- Members in good standing
- Not members but committed
- Visitors

2. Church Attendance

- Regularly
- Occasionally
- Rarely

4. Have or do any of the family members hold leadership positions in the church? Please explain _____

5. Detail the applicant's involvement in church _____

6. Do you consider the applicant open to instruction? Please explain _____

7. Based on your knowledge of the student, would you recommend this student for admission to NLCS?

- Highly Recommend Recommend with Reservation Would not Recommend at this Time

8. How long have you known the applicant and their family? _____

9. Are you related to the applicant? Yes No If yes, please explain _____

Pastor's Signature _____

Date _____

Church _____

Phone _____

Church Address _____

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Personal Reference Form

Applicant's Name

Parents Name

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Please complete this reference form as it pertains to this family and return it to directly to New Life Christian School. Responses will be confidential. Thank you for your insight into this student and the family.

How long have you known this family? _____ How long have you know this student? _____

How do you know this family? _____

NLCS seeks to partner with parents as they raise their children. From your observations, has this family sought input from others? _____

1. Is this family open to input and suggestions when it comes to their child? _____

2. Is this student open to instruction and correction? _____

3. What do you think are this student's greatest strengths and abilities? _____

4. What areas do you think the student most needs to improve? _____

5. How does the student relate to authority? _____

6. Based on your knowledge of the student would you recommend this student for admission to NLCS?

Highly Recommend

Recommend with Reservation

Would not recommend at this time

Signature

Phone (If we need any clarification)

After completing this form, please return directly to New Life Christian School.