

New Life Christian School

1528 River Road, Hamilton, NY 13346

Phone: 315-824-2625

www.nlcsny.org

Pre-K Application Checklist

Our goal is to admit students and families who share and support our educational and spiritual ideals and who bring commitment to excellence, interest in a variety of activities and a willingness to always try. In order to be considered for enrollment in New Life Christian School, the following items are required and will follow in this sequence.

Step 1: Application—Part 1

- Completed Student & Family Information Sheets**
- Signed Handbook Agreement**
- Documentation of Early Intervention services, 504 plan or IEP, if applicable**

Please Note: Submission of application and/or payment of registration fee does not guarantee acceptance into New Life Christian School.

Step 2: Admissions

After the above components are received, you will be contacted to inform you of the admission decision. At that time, we may schedule placement testing.

Step 3: Application—Part 2

Upon admission to New Life Christian School, complete and return the following information for Part 2.

- Copy of Birth Certificate**
- Permissions and Damaged Book Policy Form**
- Permission for Release and Emergency Contact Form**
- Continuous Enrollment Form**
- Health Appraisal Form**
- Medical Authorization Form**
- Immunization Record**
- Custody Agreement** (if applicable)
- Bus Form** (Sent to your school district of residence, if bus transportation is desired).

New Life Christian School admits students of any race, color, and national or ethnic origin.

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SONSHINE PRE-K APPLICATION—Part 1

Application Date: _____

Student Name _____ **Name Used** _____
Last First Middle

Male Female Age _____ Date of Birth _____ Place of Birth _____

Current Address _____
Street City/State/Zip

School district of residence _____ Current school attending (if applicable) _____

How did you hear about Sunshine Pre-K? _____
 What characteristics of our school interest your family, and why do you think our school is a good match for you? _____

Enrollment Preferences circle one, please. Five Days M-F: _____ Three Days: M, W, F: _____ Two Days: T, Th: _____
 Length of Day, circle one, please. Full Days: _____ Half Days: _____

<p style="text-align: center;"><i>Father/Guardian</i></p> <p>Name: _____ Relationship to Applicant: _____ Home Address (if different): _____ _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____</p>	<p style="text-align: center;"><i>Mother/Guardian</i></p> <p>Name: _____ Relationship to Applicant: _____ Home Address (if different): _____ _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____ Occupation: _____ Employer: _____</p>
<p style="text-align: center;"><i>Current Church Affiliation</i></p> <p>Home Church: _____ Pastor's Name: _____</p>	<p style="text-align: center;"><i>Current Church Affiliation</i></p> <p>Home Church (if different): _____ Pastor's Name (if different): _____</p>

Parents of Applicant are: circle applicable one(s)
 Married Separated Divorced Mother remarried Father remarried
 Single Parent Mother deceased Father deceased

Siblings	Gender	Age	Grade	Present School
	F/M			
	F/M			

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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 _____

Speech Habits

Enunciation: Distinct Understandable Difficult

Authorization

We / I affirm that the information on this application is true to the best of our / my knowledge.

Father's Printed Name

Father's Signature

Date

Mother's Printed Name

Mother's Signature

Date

Handbook Agreement for Parents and Students

Parents: Please read the following statements and sign below to indicate your agreement.

I hereby affirm that I have read the Student/Parent Handbook and discussed the policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student/Parent Handbook.

I understand that the standards of the school do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that this Handbook does not contractually bind New Life Christian School and is subject to change without notice by decision of New Life Christian's Board of Education. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Father's Printed Name

Father's Signature

Date

Mother's Printed Name

Mother's Signature

Date