

Does he play with children from other families? _____ Does he usually get his own way? _____ If not, how does he react?

Is the entire family together for any time during the day? _____

Eating Habits: At what time does the child eat breakfast? _____ lunch? _____ dinner? _____

Between-meal snacks? _____ Does he feed himself? _____

What is his general attitude toward eating? _____

If he refuses to eat, how is this handled and by whom? _____

Favorite Foods _____

Disliked Foods _____

Sleep Habits:

Has room alone _____ Shares with other children _____ Rooms with Parents _____

At night sleeps from _____ to _____ Average hours _____

Naps from _____ to _____ Average hours _____

Attitude toward going to bed _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed _____

Does he wet the bed? _____ At nap time? _____ At night? _____

If so, how is the problem handled? _____

Toilet Habits:

Time at which child is taken to the bathroom _____

Does he take himself? _____ Time of bowel movement? _____ Regular? _____

Constipated? _____ Does he tell you when he needs to go to the toilet and go willingly? _____

Can he manage his clothes himself at the toilet? _____ What word does he use for urinating? _____ BM? _____

Speech and Physical Growth:

Does he talk well? _____ Fairly well? _____ Indistinctly? _____ Not at all? _____

Does anyone read to him? _____ How regularly? _____ At what age did he creep? _____

Crawl? _____ Walk? _____ Would you describe him as active or quiet; thin, average weight, or heavy; tall, average height, or short; friendly or unfriendly? _____

Give below any other information you think we should have about your child:

Reason for choosing Jackson Christian School: _____

A \$50 application fee is due with the application.

This non-refundable fee must be paid before the application can be considered official.

A review committee will screen each application before final acceptance. Each applicant agrees to abide by the regulations of Jackson Christian School. JCS admits students without regard to race, color, religion, sex, national or ethnic origin.

I have received a summary of licensing requirements. I do hereby authorize emergency medical care.

Signature of Parent or Guardian

Date

First day that child attends _____

Date child is withdrawn _____

Reason for withdrawal _____