



# BROOKSTONE

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## Christian Academy

### Application for Admission

#### 1. Student Information

Date:

Last Name	First Name	MI	DoB	Sex
Address		City	State	Zip
How did you hear about Brookstone? (referral)				

#### 2. Parent/Guardian Information

Name (Last, First, MI)	Name (Last, First, MI)
Address (if different from student)	Address (if different from student)
Employer	Employer
Employer's Address	Employer's Address
Phone Work Home Cell Other	Phone Work Home Cell Other
E-mail address	E-mail address
Home Church	Home Church

#### 3. Siblings

Name	DoB	Name	DoB
Name	DoB	Name	DoB

#### 4. Day Care/Preschool Coverage

MON	TUES	WED	THUR	FRI	Previous Daycare(s) attended:
F = Full Day, A = 7:00am-11:00am, P = 1:00pm-5:00pm, S = School only					

#### FOR OFFICE USE ONLY

Date Applied	Accepted: Y N <input type="checkbox"/> INIT	Start Date	Beginning Classroom I T1 T2 N PS
Referral Source:		Discount Source:	

# Brookstone Christine Academy

## Application for Admission

(Continued)

### 5. Toilet Habits

a. Can your child use the restroom independently (to include wiping)? YES NO

b. Can your child tell you when she/he needs to go to the bathroom? YES NO

i. Words used for urination: \_\_\_\_\_, bowel movement \_\_\_\_\_

### 6. Personal Habits

a. How does your child express anger or frustration? \_\_\_\_\_

b. Does your child usually nap? YES NO if so, when? \_\_\_\_\_

c. Does your child play well alone? YES NO with others? YES NO

d. What frightens your child? (circle all that apply)

Animals      Rough Children      Loud Noises      The Dark      Storms

Other: \_\_\_\_\_

e. Does your child dislike an particular foods? \_\_\_\_\_

f. Does your child have any special interests? \_\_\_\_\_

g. What are your child's favorite toys, books, foods, or activities? \_\_\_\_\_

\_\_\_\_\_

The information provided is true and correct to the best of my knowledge. I understand that intentionally providing false information may result in my child be dismissed from Brookstone Christian Academy.

Parent/Guardian signature and date

Parent/Guardian signature and date

Print Name

Print Name