



# 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	Phone								
<table border="0"> <tr> <td>Work</td> <td>Home</td> </tr> <tr> <td>Cell</td> <td>Other</td> </tr> </table>	Work	Home	Cell	Other	<table border="0"> <tr> <td>Work</td> <td>Home</td> </tr> <tr> <td>Cell</td> <td>Other</td> </tr> </table>	Work	Home	Cell	Other
Work	Home								
Cell	Other								
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