

NEW CASTLE CHRISTIAN ACADEMY
LITTLE ANGELS PRE-SCHOOL
Academic Excellence – Biblical Values

Student Application

2008 - 2009

Personal Data

Full Name _____ Name to be used in class _____

Date of Birth _____ Male _____ Female _____ Class - 3 Year old _____ 4 Year old _____ AM _____ PM _____

Father's Name _____ Mother's Name _____

Person with whom child resides _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Mother's Email: _____

Father's Email: _____

Family Life

Does your child have special fears? Animals _____ Dark _____ Height _____ People _____

Other _____

Does your child share willingly! Always _____ Sometimes _____ Never _____

Siblings – please list all. Continue on reverse side, if necessary:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Church Affiliation _____

Friends

Does your child mostly play with Older _____ Younger _____ Same age _____ children?

How does the child meet new acquaintances? Easily _____ Timidly _____ Reluctantly _____

Schooling

Did your child attend day-care or pre-school? _____

Health

Please provide us with a copy of your child's immunizations.

General Health of Student Good _____ Fair _____ Poor _____

If poor, please explain _____

List any allergies (including food) _____

Is your child on any special medication? _____ Explain _____

Emergency Contacts:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Please return all forms, **along with the \$35.00 NON-REFUNDABLE enrollment fee**, to:

New Castle Christian Academy
Attn: Little Angels Pre-School
1701 Albert St.
New Castle, PA 16105
724-658-5858

***“And all thy children shall be taught of the Lord; and great shall be the peace of thy children.”
Isaiah 54:13***