



Admission Application

Application for Enrollment for 20__ - 20__ School Year Today's Date: _____

My child will be ____ Years ____ Months in September 20__.

Student Information:

Last Name: _____ First: _____ (Preferred): _____ Middle: _____

Date of Birth: (MM/DD/YYYY) _____ Gender: _____

Country of Birth: _____ Home Language: _____

Parent's Name: _____ Occupation: _____

Work #: (____) _____ - _____ Home #: (____) _____ - _____ Cell #: (____) _____ - _____

Home Address: _____ City: _____ State: _____

Country: _____ Postal Code: _____ Local School District _____

Preferred Email _____

Names and ages of other persons in household _____

Parent's Name: _____ Occupation: _____

Work #: (____) _____ - _____ Home #: (____) _____ - _____ Cell #: (____) _____ - _____

Home Address: _____ City: _____ State: _____

Country: _____ Postal Code: _____ Local School District _____

Preferred Email _____

Names and ages of other persons in household _____

Previous School/Childcare Experience:

School Name: _____ City _____ State _____

Confidential Survey- As a school, our interest is in providing the very best experience for your child. Your responses help us form a more complete picture, allowing us to better meet the needs of your child during school. All information is kept confidential, so please answer openly. Please respond to the following questions. Feel free to attach additional paper.

How would you characterize your child's personality and interests, strengths and weaknesses?

Children's Hours School



What are your child's hobbies, athletic, artistic, musical or other extracurricular interests?

Please describe briefly your child's educational experiences. Do you consider them to be positive?

Please specify any special issues/ faced by your child:

Developmental _____

Social/Emotional _____

Health _____

Academic _____

Has your child received or is your child currently receiving any services or therapy of any kind?

Has your child had or does your child currently have an Individualized Education Plan (IEP)?

How much screen time per day does your child experience? Please include computer, TV and hand-held devices.

What values, activities, etc. would you hope could be fostered and reinforced for your child at school?

Please share any special concerns regarding your child at school (including issues related to religion or cultural practices).

Please share anything else you would like us to know about your child.

Please return to:

Children's Hours School
90 Lewis Street
Geneva, New York 14456