

**NEW LIFE CHRISTIAN ACADEMY  
INTEREST FORM  
K4 & K5**

Date\_\_\_\_\_ Grade applying for\_\_\_\_\_ Full Day or Half day

Please fill out one form for each child for whom you wish to begin the evaluation process. Completing this form will place your child on the waiting list if the class is full. Children must be 4, or 5 by September 1<sup>st</sup> for their perspective grade.  
Please Note: This is only an interest form and does not guarantee enrollment. You will be contacted by the school office to discuss further enrollment procedures.

Student's Name\_\_\_\_\_ Age\_\_\_\_\_ DOB\_\_\_\_\_

Gender: Male or Female (circle)      Sibling of a current student? Yes or No

Parent or Guardian\_\_\_\_\_

Address: Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Any other phone number we may need to contact you \_\_\_\_\_

Is your child completely potty trained? Yes  No

Is child in any program now? Yes  No  If yes, where and what type of curriculum if any is used \_\_\_\_\_

Does child take medication routinely? Yes  No  If yes, what type and reason \_\_\_\_\_

How did you hear about New Life Christian Academy? \_\_\_\_\_

Do you know any of our students or their parents? Yes  No  If yes, who? \_\_\_\_\_

Do you have any other children you need to enroll in another class? Yes  No

Name\_\_\_\_\_ Grade to enter\_\_\_\_\_

Name\_\_\_\_\_ Grade to enter\_\_\_\_\_

Name\_\_\_\_\_ Grade to enter\_\_\_\_\_

Why have you chosen Christian education for your child? \_\_\_\_\_

Do you and your family attend church regularly? Yes  No  If yes, where?

How long? \_\_\_\_\_

Completed By:\_\_\_\_\_