



## Excel Christian Academy

### Early Childhood Applicant Questionnaire

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following Questions to help us get a better sense of your son or daughter as a unique individual, as well as help us determine your expectations for ECA. Whenever possible, parents should answer these questions together. Please feel free to attach additional sheets.

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Describe your child's general health. Are there any special medical, physical, or emotional needs of which ECA staff needs to be aware?

Has someone other than a family member ever cared for your child? Please circle all that apply.

Baby-sitter    Daycare Center    Home Daycare    Other: \_\_\_\_\_

How do you feel your child will react to being left at school without you?

Describe the aspects of your child's previous school experience with which you have been most pleased.

Has your child experienced any difficulties in school? If so, what support have you or he provided?

Please share any concerns you may have about your child's development.

Do you feel your child's speech is clear?	Y	N
Can strangers understand you child's speech?	Y	N
Has your child's speech ever been evaluated?	Y	N
Is your child currently seeing a speech therapist?	Y	N
Can your child count objects?	Y	N
Does your child recognize number symbols?	Y	N
Does your child recognize letter symbols?	Y	N
Does your child recognize letter sounds?	Y	N
Does your child recognize his/her written name?	Y	N
Can your child write his/her name?	Y	N

Does your child have bathroom related accidents? If so, how do you deal with the accidents at home?

Does your child nap? If so, when?

Describe your child's level of independence at home (i.e. makes his/her bed, gets dressed, etc.).

Does your child accept correction of behavior easily? What method of behavior control is used in your home? Please elaborate as much as possible.

How do you feel your child should spend his/her time after school?

What are your child's favorite TV shows? How often does your child watch TV?

What are your child's favorite activities?

Please circle the words that best describe your child.

Happy	Fearful	Agile	Fearless
Assertive	Even-tempered	Bold	Inquisitive
Friendly	Attentive	Loud	Helpful
Good-natured	Sympathetic	Sleepy	Dependant
Caring	Moody	Clumsy	Destructive
Stubborn	Impulsive	Independent	Coordinated
Careless			Quiet

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

Imagine that your child is now eighteen, and everything in his/her development and education turned out just as you hoped. Try to describe him/her as a young adult. What characteristics would he/she have developed?

What about Excel Christian Academy appeals to you? Why do you think it would make a good choice for your son or daughter?

What do you hope your child will gain from his/her Excel Christian Academy experience?

How do you view your role in your child's education?

Are you willing/able to take time off from work to?

Drive children to field trips?	Mother	Y	N	Father	Y	N
Attend Parent-Teacher conferences?	Mother	Y	N	Father	Y	N
Attend special events with you child?	Mother	Y	N	Father	Y	N
Attend primary Parents Day?	Mother	Y	N	Father	Y	N

Would you be willing to?

Assist with sewing projects?	Mother	Y	N	Father	Y	N
Make materials for the classroom?	Mother	Y	N	Father	Y	N
Wash classroom laundry?	Mother	Y	N	Father	Y	N
Provide supplies for special events?	Mother	Y	N	Father	Y	N
Prepare foods for special events?	Mother	Y	N	Father	Y	N
Observe the classroom?	Mother	Y	N	Father	Y	N

Thank you for taking the time to fill out this questionnaire. Please remember to send this form back with your application and application fee.

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Mother's signature    Date

Father's signature    Date