

We are grateful for the following information that will help us get a glimpse of your child and family and better enable us to determine if our school is a great match for your child. (if you need more room please use the back of this form.)

Child's parents are: (Please check all that apply)

Married Together Separated Divorced Mother deceased Father deceased Single Parent Other

If the child does not live with both parents, please describe the child's living situation: _____

Other children in the family? Please list: _____

If any, describe dance, music, and creative art type activities your child engages in: _____

Does your child own a cell phone? Y / N If so how many hours per day is he or she on it? _____ Do you place parental controls on it? Y / N Does your child own a smart watch? Y / N

Does television play a role in your child's day? _____ If so how many hours per day? _____ Per week? _____ What types of shows do you allow your child to watch? _____

Does your child have any learning, behavioral or emotional difficulties? _____

Has your child received any special tutoring, therapy, or other schools? _____

What are some of your child's favorite activities? _____

Is your child on a special diet? If so please tell us about it. Is your child allowed to eat: Sugar _____ Wheat _____ Dairy _____ Meat _____ Food Dyes _____ Non-Organic Fruit _____ Vegetables _____

On a scale of 1 to 10 (one being the least and ten being the most)

1. How respectful is your child? _____
2. How kind is your child? _____
3. How important is it to you that your child gets 8 to 10 hours of rest per night? _____
4. How important is it to you that your child is at school on time each day? _____