

Akron First Academy & Preschool Behind the Scenes

TO BE COMPLETED FOR ALL STUDENTS:

STUDENT & FAMILY

Students Name _____

Parents are Married Separated Divorced Never Married Father Deceased Mother Deceased

If student not living with both parents, would non-custodial parent like to receive emails from the school? Yes No

If not with parents, student lives with _____

Ethnic Heritage (required for the State of Ohio reporting purposes only)

African-American American Indian Arabic Asian Caucasian Hispanic Indian Middle Eastern Multi-Racial

Other

Names of siblings, ages and the school they attend _____

Is the child adopted? Yes No Has the child been told? Yes No Is the child a foster child? Yes No

Other languages spoken at home _____

Is the student: right handed left handed ambidextrous?

Are there any unusual situations at home which you think may have an affect on the student? (divorce, family death, unusual illness in family, moves, etc.) _____

What time does the student usually go to bed? _____ Awaken? _____

Does the student take a daytime nap? (**Preschool student only**) Yes No

SPIRITUAL BACKGROUND

Describe parent/Guardian's relationship with Jesus Christ and spiritual activities currently involved in: _____

Does your family attend Church weekly 2-3 times/month infrequently does not attend

Name of Church _____ Denomination _____

Address _____ City _____

Are parents currently members? Yes No Pastor's/Priest's Name _____

Please indicate if any family members have accepted Jesus Christ as their personal Savior (mark all that apply):

Father Mother Student Entire Family

Would you like more information about Akron First Assembly of God? Yes No

Would you like one of the Pastors from Akron First Assembly of God to contact you Yes No

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ACTIVITIES

What are your child's favorite activities? _____

What are his/her favorite toys and play materials? _____

What TV or radio shows does the student enjoy? _____

How much time does the student spend watching TV, playing video games or listening to music per week? _____

Does your child attend movies? Yes No What type of movies?

Does the student enjoy books? Yes No Being read to? Yes No How often? _____

BEHAVIOR

Does the student throw temper tantrums? Yes No If yes, please explain _____

Does the student have special needs? Yes No If yes, please explain _____

Is the student working with a therapist? Yes No If yes, please explain _____

Does the student have special fears? Yes No If yes, please explain _____

What is the student's attitude towards starting school this year? _____

Does the student exhibit any kind or rebellious attitudes towards parents or others in authority? Yes No

PRESCHOOLERS ONLY

Is the student able to express himself/herself verbally? _____ If no, please explain _____

Is the student attached to a security object? Yes No If yes, please explain _____

Does the student experience difficulty in separating from parents? Yes No If yes, please explain _____

Is Akron First Academy & Preschool the student's first preschool/child care experience? Yes No If no, please explain _____

Is the student completely toilet trained? Yes No If no, please explain _____

How does the child communicate his/her need for toileting? _____

Does he/she need to be reminded? Yes No