



# Application for Admission Joshua Academy (ages 2.0 -6.0)

Due to our non-profit status, we are required by law to keep the following information on file. Information you provide here will in no way influence your child's potential admission to Joshua Early Childhood Center.

## 1. Applicant

\_\_\_\_\_  
Last Name First

Middle Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_

(Other) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other

Applying for (please check): \_\_\_ Full Day \_\_\_\_\_ Half Day- AM \_\_\_ Half Day-  
PM

Alternating schedule: full day option only (please check one): \_\_\_ MWF \_\_\_ T/TH

Will you child be attending Summer Camp, the 2016-2017 school year, or both? Please  
check below (more summer camp details on the last page):

**Summer Camp July 12<sup>th</sup>-August 12<sup>th</sup> 2016** (You will be able to determine a specific  
schedule for summer camp on a separate page): \_\_\_\_\_

**2016-2017 school year beginning on August 15<sup>th</sup>, 2016:** \_\_\_\_\_



## 2. Parent/Guardian Information

**Mother's Name/ Legal Guardian:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_

Work Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name / Legal Guardian:** \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_

Work Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed

Child lives with (check all that apply) \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other: \_\_\_\_\_

What talents, resources, interests, or professional skills would you, as a parent or guardian, be willing to share with Joshua Academy? Please describe.



### 3. Siblings and Extended Family

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

### 4. Questions and information about your child

What would you like us to know about your child?

What are your goals for your child and how do you see Joshua Academy assisting you in meeting those goals?

What are your worries concerning the transition of starting school?

Describe your child's level of independence. Is your child potty-trained? Does he/she dress self?



What are your child's interests, talents, and strengths?

What behavior issues, if any, does your child have? (e.g., anxiety, tantrums, aggressions, etc.) What triggers these behaviors?

Please describe your child's physical health, including nutrition and eating habits (dietary restrictions, special diets), medications, and health issues or concerns.

Please tell us your child's napping routine. If they will be napping at Joshua Academy, please let us know routine and special items they typically nap with: \_

Is there anything else you would like us to know about your child?

How did you find out about our school (e.g., website, Facebook, Macaroni Kids, etc.)?



## 5. Parent Agreement and Application Signature

We believe that parent/guardian support and collaboration are crucial to the success of any child. Not only do parents and guardians know their child better than anyone else, they have an investment in their child that produces amazing growth when applied at home and in school. Staff at Joshua Early Childhood Center work to help children grow in mind, body, and spirit. Together, we create a program for each child that is unique, thoughtful, and full of care. We know that parents are the cornerstones of each child's success, and so we ask parents to support us, to the best of their ability, in helping each child at school. We expect that parents will participate fully in their child's education, bringing skills and follow-through into the home environment.

Thank you for your interest in Joshua Academy. We welcome any questions or comments you may have.

I agree that I have legal authority to complete this form and that all of the information I have provided is correct and complete to the best of my knowledge. I give my permission for the Admissions Counselor to contact any of the above contacts for the purpose of gathering information that would assist in the admissions process of the applicant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application to:

**Joshua Early Childhood  
Center  
5760 E. Otero Ave  
Centennial, CO 80112  
720-316-5234**

Or scan and e-mail to:

[Blestikow@joshuaschool.org](mailto:Blestikow@joshuaschool.org)

Joshua Early Childhood Center admits students of any race, sex, color, national and ethnic origin and grants all rights and privileges, generally accorded or made available to students at the school. The school does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs. Joshua Early Childhood Center is a non-profit.

Joshua  
ACADEMY

---



# Joshua

ACADEMY

---

