

Application for Registration and Admissions

How did you hear about The Glen? _____

If someone referred you, please tell us who: _____

Were there any circumstances of the pregnancy or birth of this child that may have a bearing on their future development? _____

Does your child have special needs? _____

Do you have an IEP for this child? _____

If Yes, please supply the school with a copy of the IEP.

Does your child have any medical problems, now or in the past? _____

For his or her ages, is the child... Dependent? Independent?

Has the child experienced separation from the parent and/or guardian? _____

Is the child toilet trained? _____

Does the child nap? _____ At approximately what time? _____ How long? _____

Does the child engage in cooperative play? _____

Does the child... Lead? _____ Follow? _____ Parallel play?

Does the child spend time with...
 _____ Friends? _____ Siblings _____ Mother
 _____ Father? _____ Him/herself? _____ Books? _____ Music?

Has the child indicated that he/she may be left-handed? _____

Does the child dress him/herself? _____

Can the child identify colors? _____

Has the child been taught anything relating to... _____ Reading? _____ Numbers?

What form of discipline is used with this child? _____

Please relate six (6) adjectives to describe this child: _____

Siblings: _____ _____
 _____ _____
 _____ _____
 (Names) (Birth Dates)

A fifty dollar (\$50) non-refundable processing fee is required for each application.

(Parent or Legal Guardian)

(Date)

Admissions, the provision of services and referrals of students shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Please Complete Both Sides.