

AKRON FIRST ACADEMY & PRESCHOOL BEHIND THE SCENES

THIS PAGE TO BE COMPLETED FOR ALL STUDENTS

FAMILY

Student Name _____

Parents are: Married Separated Divorced Never married Father deceased Mother deceased

Does the child live with: Both Parents Mother Father Guardian Other _____

If parents are not together would non-custodial parent like to receive emails and group me from the school? Yes No

Names of siblings, ages, and the school they attend _____

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

African American American Indian Caucasian Hispanic Indian Middle Eastern Multi-Racial Other

Is the child Adopted? Yes No

If yes has the child been told? Yes No

Is the child a foster child? Yes No

Are other languages spoken at home? Yes No If so what language? _____

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

SPIRITUAL BACKGROUND

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

Does the family attend church? Weekly 2-3 times a month Infrequently Does not attend

Name of church family attends _____ Denomination _____

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

Parents of Infants do not have to fill out next page.

THIS PAGE TO BE COMPLETED FOR STUDENT 18 MONTHS – KINDERGARTEN

ABOUT THE STUDENT

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

Is the student: Right-handed Left-handed Ambidextrous

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

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

If yes, how do they exhibit the behavior? _____

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

Does the student work with a therapist? Yes No If yes, please explain _____

Does the student have fears? Yes No If yes, what are they afraid of? _____

What time does the student go to bed? _____ Awakens? _____

What are your child's favorite activities? _____

What are their favorite toys and play materials? _____

What TV or online shows does the student enjoy? _____

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

Does the student attend movies? Yes No What type of movies? _____

Does the student enjoy books? Yes No (circle what applies) Being read to / reads themselves

How often does the student have reading time? _____

What is the student's attitude on starting school? _____

(18 months – Pre-K students only need to answer)

Is Akron First Academy and Preschool the student's first preschool/childcare experience? Yes No

Does the student take a nap? Yes No

Is the student able to express themselves verbally? Yes No

Is the student attached to a security object? Yes No If yes, What type _____

How does the student communicate their need for toileting? _____

Does the student need to be reminded to use the rest room? Yes No