



ADMISSION APPLICATION

Child's Name _____ Birth Date _____ SS# _____

Gender _____ Last School _____ Does child like school? Yes No

How did you hear about NMCCH? _____

Retainments or suspensions? (when and why) _____

Is child in Special Education? Yes No Learning Ability? Below Average – Average – Above Average

Has child received religious training? Yes No Describe: _____

Parents are: married divorced separated living together

Outstanding facts concerning mother and/or father (temperament, relationship with child, etc.)

Incidents / decisions that have significantly affected the child (death, divorce, accidents, moves, etc.)

Child's interests, awards, or positive experiences _____

Has child had experience with drugs, liquor, sex, tobacco, lying, stealing, running away?

Circle/describe: _____

Emotional / mental condition: good – fair – poor

(If psychological or counseling evaluation is available, please include with application form.)

Is child on medication? Yes No Type and purpose: _____

Child's height _____ Child's weight _____

Present physical condition: Healthy? Handicap? Describe: _____

Has child had recent doctor exams? *(if documentation is available, please include with application)*

Physical? Yes No Date _____ Where/by whom? _____

Dental? Yes No Date _____ Where/by whom/results? _____

Hearing? Yes No Date _____ Where/by whom/results? _____

Vision? Yes No Date _____ Where/by whom/results? _____

In relation to other children of the same age, child's development has been: below – average – above

Explain: _____

Approximate age that child sat alone ___ toilet-trained ___ crawled ___ walked ___ words ___ sentences ___

Was mother's pregnancy normal? Yes No Full-term? Yes No Normal delivery? Yes No

Were there any complications? _____

Was mother on drugs or medication during pregnancy? Yes No What kind? _____

Did the mother drink heavily during pregnancy? Yes No Child's birth weight _____

Was the baby placed in an incubator or isolette? Yes No

Birth condition or appearance _____

Frequent or unusual habits? bed-wetting nail-biting eye-blinking thumb-sucking sleep-walking fears

Explain _____

Regular eating habits? Yes No Regular sleep habits? Yes No Usual bed time? _____

Has the child had any of the following? (circle, and write age and comments) colic asthma measles
mumps allergies dizziness earaches prolonged high fever operations diabetes fainting
convulsions unusual headaches injuries hospitalizations other (describe)

Date child had chickenpox (month _____ year _____) or varicella immunization (month _____ year _____)

Circle any that apply to the child: happy sad cruel jealous aggressive generous shy restless

makes friends easily (younger? older?) irritable talks back temper tantrums cries easily

easily discouraged fights prefers to play indoors or outdoors takes turns shares attention

completes tasks follows directions difficulty communicating

With which sibling does the child get along best? _____ Worst? _____

Most effective type of discipline? _____ Least effective? _____

Who administers discipline to child? _____

Please attach copies of birth certificate, report card, immunization records, if available.