

**NEW LIFE CHRISTIAN ACADEMY
WAITING LIST FOR
PRE KINDERGARTEN**

Date _____ Grade applying for _____ Full Day or Half day

Please fill out one form for each child you wish to put on the waiting list. Children must be 3, 4, or 5 by September 1st for their perspective grade. This is only a waiting list and does not guarantee enrollment. You may fax (334) 285-5615 or email to: info@newlifechristianacademy.com. You will be contacted by someone from the office to tell you of further enrollment procedures.

Student's Name _____ Age _____ DOB _____

Gender: Male or Female (circle) Sibling of current student? Yes or No

Parent or Guardian _____

Address: Street _____

City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____

Any other phone number we may need to contact you _____

If K 3: Is your child completely potty trained? Yes No

Is child in any program now? Yes No If yes, where and what type of curriculum if any is used _____

Does child take medication routinely? Yes No If yes, what type and reason _____

How did you hear about New Life Christian Academy? _____

Do you know any of our students or their parents? Yes No If yes, who? _____

Do you have any other children you need to enroll in another class? Yes No

Name _____ Grade to enter _____

Name _____ Grade to enter _____

Name _____ Grade to enter _____

Why have you chosen Christian education for your child? _____

Do you and your family attend church regularly? Yes No If yes, where?

How long? _____