



YHWH-Academy Application

Today's Date _____	Requested Start Date _____
CHILD'S INFORMATION	
Child's Last Name _____ First _____ Middle: _____ <input type="checkbox"/> M/ <input type="checkbox"/> F	
Date of Birth: DD/MMM/YYYY _____	
Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More	
Child's Home Address: _____	
City/State _____	Zip Code _____
SPECIAL NEEDS:	
Has your child been diagnosed with a serious or chronic health condition(s)? <input type="checkbox"/> Yes or <input type="checkbox"/> No Please explain: (asthma, other etc) _____	
Does your child have medically diagnosed allergies? <input type="checkbox"/> Yes or <input type="checkbox"/> No Please explain: (food allergies, dust, pollen, other): _____	
Is your child toilet trained: <input type="checkbox"/> Yes or <input type="checkbox"/> No *Child must be toilet trained if 3 years and older without the use of diapers or pull ups to enter YHWH Academy.*	
Does your child take midday naps?	
PARENTS/LEGAL GUARDIAN(S):	
1. Parent/Legal Guardian Name _____ <input type="checkbox"/> M/ <input type="checkbox"/> F	
DOB: DD/MMM/YYYY _____	Relationship to child: _____
Home Phone Number: _____	Cell Phone Number: _____



Present Occupation: _____			
Work Address: _____		Work Phone Number: _____	
2. Parent/Legal Guardian Name _____			<input type="checkbox"/> M / <input type="checkbox"/> F
DOB: DD/MMM/YYYY _____		Relationship to child: _____	
Home Phone Number: _____		Cell Phone Number: _____	
Present Occupation: _____			
Work Address: _____		Work Phone Number: _____	
FAMILY MEMBERS: Living in the same house and supported by Parent/Legal Guardian			
Name:	M/F	DOB: DD/MMM/YYYY	Relationship to Applicant
	<input type="checkbox"/> M / <input type="checkbox"/> F		
	<input type="checkbox"/> M / <input type="checkbox"/> F		
	<input type="checkbox"/> M / <input type="checkbox"/> F		
	<input type="checkbox"/> M / <input type="checkbox"/> F		
OTHER HOUSEHOLD MEMBERS			
Name:	M/F	DOB: DD/MMM/YYYY	Relationship to Applicant
	<input type="checkbox"/> M / <input type="checkbox"/> F		
	<input type="checkbox"/> M / <input type="checkbox"/> F		
	<input type="checkbox"/> M / <input type="checkbox"/> F		
	<input type="checkbox"/> M / <input type="checkbox"/> F		
ADDITIONAL CHILD AND FAMILY INFORMATION			



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Family Type: <input type="checkbox"/> Single Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Other Relative
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Court Custody: (documentation required) <input type="checkbox"/> Sole custody <input type="checkbox"/> Physical custody <input type="checkbox"/> Joint custody
Does the child have previous childcare experience? Please provide the dates attended and the days and hours per week attended:

By signing this application, I give permission for my child to be considered and accepted into the YHWH Academy Preschool program. I further understand placement will be determined by the YHWH Academy Eligibility Committee.

Parent/guardian signature

Date

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