



2018 – 2019

Rock Church Academy Application Pre-K/ Kindergarten Addendum

1607 Cromwell Bridge Rd

Baltimore, MD 21234

Office: 410-882-0807 Fax: 410-882-7163

www.rockchurchacademy.com / Email: office@rockchurchacademy.com

Rock Church Academy is excited to welcome your Pre-K /Kindergartener this upcoming school year. Children admitted into Pre-K must be 4 years old, and toilet trained by September 1st, and Kindergarteners must be 5 years old, and toilet trained by September 1st. Previous schooling is not required for admission of 4 and 5-year-old students, and the following information is collected to ensure that we are meeting the academic needs and preparations for your child based upon the information.

In the last 12 months, where did the student spend most of his/her time?

- | | | |
|--|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Family Childcare Home (paid Licensed care) | <input type="checkbox"/> Pre-K (public) |
| <input type="checkbox"/> Non-Public Preschool School | <input type="checkbox"/> Child Care Center (Licensed by State) | <input type="checkbox"/> Home care (In a home by a relative/ nonrelative) |

Length of time within this environment: _____

Please check all items below that apply to the student

- | | |
|--|--|
| <input type="checkbox"/> Child has been fully toilet trained for the last 10 mo. | <input type="checkbox"/> Child has/had delayed speech/ language |
| <input type="checkbox"/> Child had exposure to lead | <input type="checkbox"/> Child has/had serious injury or trauma exposure |
| <input type="checkbox"/> Child has hearing problems | <input type="checkbox"/> Child has vision or suspected vision problems |
| <input type="checkbox"/> Child is receiving speech/language therapy | <input type="checkbox"/> Child is receiving occupational therapy |
| <input type="checkbox"/> Child has sibling with learning difficulties | <input type="checkbox"/> Parent/Guardian has chronic illness/disability |
| <input type="checkbox"/> Child experienced death of a parent(s) | <input type="checkbox"/> Child has experienced separation from parent(s) |

What educational goals do you have for your child? _____

How would you describe your child's personality and learning style? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully developed? _____

Does your child interact/ share well with others? _____

Does your child take instruction well? _____

Specify any physical, emotional, medical needs your child has: _____