

Celebrating over 35 years of Academic and Spiritual Excellence!

Ebenezer Missionary Chapel, Inc.

Ebenezer Preparatory School

5464 Kings Highway* Brooklyn, New York 11203

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Pastor Gerson C. Marshall

Founder

Mrs. Joy K. Jones

Administrator

EARLY CHILDHOOD CENTER APPLICATION

Date of Application _____ School Term _____ Readmit _____ New

APPLICANT'S INFORMATION: (Please print clearly in blue or black ink.)

Child's Full Name _____

Boy _____ Girl _____ Age _____ Date of Birth _____ SS # _____

Country of Birth _____ Religion _____

Home Address _____ Apt.# _____

City: _____ State _____ Zip Code _____

Telephone #: _____ Current Grade _____ Entering Grade _____

PARENTAL INFORMATION:

Email Address:

Mother's Name _____ Father's Name _____

Occupation/Title _____ Occupation/Title _____

Business Address _____ Business Address _____

Business Telephone _____ Business Telephone _____

Work Hours _____ Work Hours _____

Please circle marital status: Married/ Separated/ Divorced/ Single

Please check if: _____ Mother is Deceased _____ Father is Deceased _____ Child is Adopted

Please state the name of the child's legal guardian. _____

Please list the names of those persons allowed to pick up your child.

EMERGENCY CONTACT PERSON(S):

Name _____ Name _____

Relationship _____ Relationship _____

TELE/CELL# _____ TELE/CELL# _____

Please list the names and ages of persons in the household. _____

Are any siblings also applying? ___Yes ___No If yes, please state their name(s) and grade(s).

Please list the names of those persons allowed to pick up your child.

PREVIOUS SCHOOL OR LEARNING CENTER:

Please list the name(s) and addresses of your child's previous school(s), dates of attendance, and reasons for leaving: (Please include zip codes)

Name of school _____ Name of school _____

Address _____ Address _____

Dates of attendance _____ Dates of Attendance _____

Reason for leaving _____ Reason for leaving _____

Has your child ever repeated a grade? ___Yes ___No Which grade(s)? _____

Has your child ever skipped a grade? ___Yes ___No Which grade(s)? _____

If yes to either, please explain. _____

Has your child experienced any difficulty with school or teachers in the past? ___Yes ___No

If yes, please explain. _____

What are your child's strengths and interests, academic and otherwise?

Who recommended Ebenezer? _____

Why do you desire to have your child enrolled at Ebenezer?

Please answer the following questions. Your child's care is a responsibility we both share.

Weight of child at birth: _____ **Birth Complications?** _____

Age of your child when mother returned to work: _____

Is your child toilet trained? _____ **Is your child able to feed himself/herself?** _____

How would you describe your child's personality? ___ **Happy?** ___ **Sad?** ___ **Shy?** ___ **Outgoing?**

How does your child exhibit his/her aggression and frustration? _____ **Biting?** _____ **Hitting?**

_____ **Throwing tantrums?** _____ **Other?** _____

How does your child react when left by parents? _____

What tendencies do you think need to be encouraged in your child? _____

_____ **Discouraged?** _____

Does your child have any fears? _____ **Please explain.** _____

Does your child have any imaginary playmates? _____ **Who or what?** _____

Does your child have any playmates? _____ **What age?** _____ **How many?** _____

Does your child have any pets? _____ **What kind?** _____ **Name?** _____

How much time per week does your child spend watching TV? _____

What programs does your child watch? _____

How much time per week does your child spend with his/her mother? _____

How much time per week does your child spend with his/her father? _____

Does anyone read to your child? _____ **How often?** _____

Does your child have a favorite book? _____ **Title:** _____

Does anyone sing to your child? _____ **What songs?** _____

Is your child exposed to any other music? _____ **If so, what kinds?** _____

Please explain anything special/unusual that might have an effect on your child's behavior/adjustment.

Please list any other information that you think may be of value to us while we are involved with your child's growth and development.

MEDICAL INFORMATION

Pediatrician's Name _____ **Address** _____

Telephone # _____ **Office Hours** _____

Does your child have any allergies? ___ Yes ___ No **If yes, please list and explain.**

Does your child have any speech, hearing, sight or any other difficulties? ___ Yes ___ No

If yes, please explain. _____

Has your child been tested professionally? ___ Yes ___ No **If yes, what type of testing?**

Does your child have any mental, emotional or physical disabilities? (I.e. Attention Deficit Disorder, Hyperactivity, etc.) ___ Yes ___ No **If yes, please explain.**

Please list the name(s) of any medication(s) that your child is taking/ has taken, the dosage, and the illness for which the medication was prescribed. (I.e. Insulin, Steroids, Ritalin)

Medication _____ **Dosage** _____ **Reason** _____

Medication _____ **Dosage** _____ **Reason** _____

Comments _____

Date of child's last physical examination. _____

Is child's immunization record up to date? ___ Yes ___ No **If no, please explain.**

Is child's general health good? ___ Yes ___ No **If not, please explain.**

FOR OFFICE USE ONLY: TEST RESULTS: _____

Recommended Class: _____ **Plan:** _____

Name: _____ **Authorized Signature:** _____

Date Accepted _____ **Date Rejected** _____ **Comments:** _____

EARLY CHILDHOOD CENTER TUITION CONTRACT

I, _____, hereby agree to accept the terms stated below, and
Name of Parent/Guardian/Financially Responsible Person
choose the following tuition payment plan for my child/children:

_____ grade _____;
_____ grade _____;
_____ grade _____.

() 1 Payment

() 10 Payments

Parents, guardians and financially responsible signers are obligated to pay all fees and costs incurred in collecting this debt. The laws of the State of New York shall govern this agreement. This agreement may not be changed, amended or modified except in a written agreement signed by both parties. My signature below also acknowledges my request for the loan of all instructional materials that Ebenezer Prep School uses from the Board of Education.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Social Security Number

Date

Print Name of Financially Responsible Person

Signature of Financially Responsible Person

Social Security Number

Date

Home Address - (Financially Responsible)

Apt. No. City/ State/ Zip

Home Phone Number

Business Phone Number

Registration fee of \$200 per child and PTA fee of \$50 per family is payable to Ebenezer Prep School upon submission of the application and related forms. Please note that the registration, testing and PTA fees are NON-REFUNDABLE.