



**TOUCHSTONE**  
COMMUNITY SCHOOL

68A HAMPTON ROAD  
ROTHESAY, NEW BRUNSWICK  
E2E 5L5

# Application for Admission

**Application for:**

- ½ day Preschool (3 and 4 years old)
- Full day Junior Kindergarten (4 years old)
- Full day Senior Kindergarten to Grade 5

**Applicant's Name**

\_\_\_\_\_  
First Middle Last

Date of Birth (M/D/Y) \_\_\_\_\_  
 Male  
 Female

**Parent or Guardian Name(s)**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

**Relationship to Applicant**

\_\_\_\_\_  
\_\_\_\_\_

**Home Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Numbers and Email**

Home ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_  
Email \_\_\_\_\_

**Sibling Name(s)**

**Date of Birth (M/D/Y)**

**School Attending**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other people living in the home** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name and Address of Applicant's Current Preschool / Daycare**

*(If child does not attend preschool, please provide music teacher or other teacher who knows the child well.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Teacher** \_\_\_\_\_

**Telephone** ( ) \_\_\_\_\_

Is your child toilet trained?  No  Yes

How did you hear about Touchstone? \_\_\_\_\_

Has a family member attended an Open House or visited the school?  No  Yes Who? \_\_\_\_\_

**The undersigned grants Touchstone Community School permission to request and receive confidential information and teacher interviews regarding the applicant, and to retain such material in the applicant's file.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**In submitting an application, parents acknowledge that they understand and accept the Admissions Policy.**



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## Family History Form

*Applicant's Name*

\_\_\_\_\_  
First                      Middle                      Last

*Date of Birth (M/D/Y)*

*Male*

*Female*

- 
1. *Please describe your child's personality. What are his or her interests and favorite activities?*
  
  
  
  
  
  
  
  
  
  
  2. *Do you have any concerns about your child's development or behavior?*
  
  
  
  
  
  
  
  
  
  
  3. *Does your child participate in any special group or individual activity? (music, dance, sports, language instruction, etc.)*
  
  
  
  
  
  
  
  
  
  
  4. *Does your child tend to play with children who are the same age, younger, or older?*



11. *As parents/guardians, what do you expect from the school?*

12. *What do you see in Touchstone Community School which makes you feel that it will be a place for your child to grow?*

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**Section B**  
**Preschool Applicants only:**

**CHILD DEVELOPMENT**

*To help us better understand your child, his interests and development, please assist us by completing the following.*

**CHILD'S HEALTH AT BIRTH**

*Was your child more than 3 weeks premature?*  Yes  No  
*If yes, how many weeks premature?* \_\_\_\_\_

*Did he/she stay in the hospital longer than the mother?*  Yes  No  
*If yes, please explain* \_\_\_\_\_

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*Were there any difficulties with your child at the time of delivery?*  Yes  No

*If yes, please explain* \_\_\_\_\_

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**CHILD'S HEALTH SINCE BIRTH**

**EYES**

*Have you ever suspected that your child has vision problems?*

*(i.e. Holding books too close, constant rubbing of his/her eyes, lazy eye)*

Yes

No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EARS**

*Has your child had frequent ear infections?*

Yes

No

*Have you ever suspected that your child has hearing problems?*

*(i.e. Turning volume up, lack of response to voice levels)*

Yes

No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SELF HELP**

*In what way does your child need our help with the following self help skills?*

*Dressing/Undressing:* \_\_\_\_\_

*Eating:* \_\_\_\_\_

*Toileting:* \_\_\_\_\_

*Handwashing/Toothbrushing:* \_\_\_\_\_

*Other: (i.e.: gross and fine motor skills)*

*How does your child communicate his needs/feelings?*

\_\_\_\_\_

***Sleeping Habits***

***What is your child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping or going to bed)***

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***Are there any hints/suggestions you could share with us to make your child's transition to Touchstone a positive one?***

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***The "Good Things in Life"***

***What does your child like to do? (i.e. look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/ jump, paint, computer/TV, imaginative play/dress-up)***

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***The thing that frustrates me most in trying to care for my child is:*** \_\_\_\_\_

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***Because:*** \_\_\_\_\_

***I would describe my child as:*** \_\_\_\_\_

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***What I like best about my child is:*** \_\_\_\_\_

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***What concerns me most about my child is:*** \_\_\_\_\_

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