



Application for Admission

Please submit this application along with a non-refundable \$100.00 fee to Initiative for Independent Schooling in Puerto Rico (IISinPR).

Child's Name _____ Date of birth _____ Age _____ Gender _____

Requesting enrollment for: 2012-2013 2013-2014 Anticipated starting date: _____

Parent/Guardian Information:

Mother's Name _____ Father's Name _____
Address _____ Address _____
Telephone _____ Telephone _____
Cellular _____ Cellular _____
Work _____ Work _____
Email _____ Email _____
Occupation _____ Occupation _____
Place of Employment: _____ Place of Employment: _____

The child lives with: Both Parents Mother Father Grandparents Legal Guardians

For Official Office Use:
Date of Submission: _____ Check #: _____ Amount: _____
Revised by: Administration: _____ Faculty: _____
Date of Enrollment: _____

We request the following information in order to obtain a complete picture of the stages of development of the children under our care. This information will help us provide the best possible service within our abilities and permit us to serve the individual necessities of each child and his/her family. All information will remain confidential.

CHILD'S HISTORY

Please describe the pregnancy and birth of your child (normal or complicated pregnancy, hospital or home birth, family and friends present, etc.) _____

If your child is adopted, at what age and under what circumstances? _____

Weight at birth: _____ Breastfed? _____ How long? _____

At what age did your child: Sit up? _____ Crawl? _____ Walk? _____ Talk? _____

Refer to him/herself as "I"? _____ Potty train? _____

Did your child experience any complications or traumatic events during his/her first three years? Explain:

Present state of physical health:

Present state of emotional health:

Results and approximate dates of his/her last:

Medical Exam: _____ Dental Exam: _____

Hearing test: _____ Eye Exam: _____

Describe any physical condition we should be aware of (vision, hearing, speech, motor, etc.):

Describe any accident or surgery: _____

Please mention any drug, food, or environmental allergies: _____

FAMILY AND HOME LIFE

If your child does not live with both parents please describe his/her living situation: (How much time does the child spend with his/her mother? Father? With whom does he/she live?)

Siblings:	Name:	Age:	Date of birth:	School:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe your child/s relationship with his/her siblings:

Do you have pets? Describe:

Describe your child’s sleep habits: (If he/she falls asleep easily, sleeps through the night, recurring dreams or nightmares, how he/she wakes up in the morning-happy, grumpy, tired, etc.)

What time does your child wake up? Weekdays: _____ Weekends: _____

What time does your child go to sleep? Weekdays: _____ Weekends: _____

Describe your child’s bedtime routine: _____

Eating habits: Describe a typical breakfast: _____
Favorite foods: _____
Foods he/she does not like (sour, salty, etc.) _____

Does your child have any dietary restrictions? Describe: _____

Describe family meals: (time, if the family eats together, special diets, etc.)

What activities do you enjoy together as a family?

Do you consider rhythm to be an important element in your child's life? _____ If
yes, how is it provided? _____

What language is spoken at home? _____

Describe how discipline is implemented at home: _____

Daily chores: _____

What holidays and/or family traditions do you celebrate?

Any additional information about your family life you wish to share with us? (special traditions, practices
or beliefs, etc.) _____

SOCIAL AND PLAY HISTORY

Describe the activities that your child enjoys: _____

Describe how your child plays: (relations with his/her friends, plays alone, special toys, plays outdoors,
etc.) _____

Approximate daily hours of: TV: _____ Video games: _____ Computers: _____

Are you willing to restrict the use of electronic media? _____

How would you describe your child's temperament? _____

What do you consider to be the strongest character traits of your child? _____

What traits do you wish to be reinforced? _____

ACADEMIC AND SOCIAL HISTORY

Early learning programs which your child has attended: _____

Interests and talents: _____

Past Schools or Daycares:	City/Town:	Dates:	Age:
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Last school he/she attended: _____

Address: _____

Telephone: _____ Principal or Teacher: _____

May we contact this school in reference to your child? Yes _____ No _____

SPECIAL CONSIDERATIONS

Please describe any physical condition, academic or emotional limitation, or any other condition for which your child has received treatment. Please include any medication your child takes as part of his/her treatment.

Has your child ever been evaluated for learning disabilities? Yes _____ No _____

Please describe: _____

Do you authorize us to consult with the pertinent resources to evaluate the condition or limitation mentioned above? Yes _____ No _____

Parent's Signature: _____

Name, address and telephone of the resources who conducted the evaluation: (please include copies of evaluations with this application):

Please tell us what your expectations for your child are and why you have chosen Escuela Micael.

Please use this space to include any additional information about your child or family which you would like to share with us:

PARENT’S INFORMATION

How did you find out about Escuela Micael? _____

Name and address of the person who should receive correspondence and notifications: (if different from parents)

Full Name: _____ Relation: _____

Address: _____

In order to keep grandparents informed about school activities, we invite them to special events. Please provide the names and addresses of living grandparents:

Name: _____ Mailing address: _____

Would you like to receive an application for financial aid? Yes _____ No _____

Who assumes the financial responsibility for enrollment and monthly payments?

As an independent school, we depend upon the active participation of the parents of our community, especially in the areas of fundraising, teacher parent meetings, festivals and other special events. In the future, how do you see yourself participating with the school?

We understand that all payments and arrangements are to be made through the administrative office, that the \$50 application fee is non-refundable and that this application is only valid for the selected year.

Signature: _____ Date: _____

Signature: _____ Date: _____

Initiative for Independent Schooling in Puerto Rico, Inc.

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Escuela Micael is part of the non-profit organization, Initiative for Independent Schooling in Puerto Rico, Inc. (IISinPR) and does not discriminate on the basis of race, color, nationality, sex, age, religious or political beliefs.