



EARLY KINDERGARTEN & KINDERGARTEN APPLICATION FOR ADMISSION

We at The Master's School are committed to the integration of faith and learning within a framework of a Christian worldview. We challenge our students to strive for spiritual maturity and academic excellence in a supportive community that emphasizes "education from the inside...out!"

APPLICATION PROCESS

The following items are required:

1. A completed application
2. A non-refundable application fee of \$50

Completing the paperwork in a thorough and timely fashion is the first step in the admissions process. Building healthy relationships with families is key to our work with students; therefore, we want to meet with each family. We require that all children applying for Early Kindergarten or Kindergarten go through a screening process where they will be evaluated for Kindergarten readiness. The Admissions Committee will make the final determination on the best placement for your child. Throughout this process it is important that you feel you are having your questions answered and encourage you to contact the Office of Admission at any time. We anticipate that you prayerfully consider the match between your son or daughter and the programs we have to offer.

NEED BASED AID

Financial aid is available to families with children enrolled in grades 1-12.

FAMILY GRANTS

Parents with more than one child in grades K-12 will receive grants of \$1,000 for each child other than the oldest. These grants are automatic and do not require an application.

Student Information

We would like our child to enroll in The Master's School in _____ in _____ Early Kindergarten
Month Year Kindergarten

Last Name First Name Middle Name First Name Preferences

Current Mailing Address:

Street Address

City State Zip

Birthday: _____ Gender: _____ Telephone: _____ E-mail: _____

Church: _____

Name Address City State Zip

Pastor: _____ Telephone: _____ Are you a member? Yes No

Educational Background

Present/Previous School, Day Care or group experience: _____

Address: _____ Telephone: _____
City State Zip

Teacher or Day Care Provider: _____

Permission is granted to The Master's School to contact my child's current teacher or day care provider as needed to gain further information about my child.

Parent's Signature _____

Has your child been evaluated for the possibility of a Learning Disability? Yes No

Has your child been diagnosed as having a Learning Disability? Yes No

Does he/she have any health conditions or physical disabilities that require special attention or may limit full participation in the school's program(s)? Yes No

If you have answered "yes" to any of the above questions or your child has had any specialized tests or participated in special programs, please briefly describe below the situation, program, needs and submit copies of pertinent reports.

What are your goals for your child's Early Kindergarten or Kindergarten year? _____

How will you feel if your child is recommended for Early Kindergarten? _____

Family Information

Father (or Guardian) Mother (or Guardian)

Name: _____

Name: _____

Address: _____

Address: _____

City State Zip

City State Zip

Telephone: _____
Home Work Cell

Telephone: _____
Home Work Cell

E-mail: _____

E-mail: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Name and address of person(s) financially responsible if other than signer below:

Name Address City, State, Zip Telephone

Please list any brother or sisters of applicant:

Name: _____

Age/Grade: _____

School: _____

Please list any brothers or sisters who are current or former Master's School students:

Name: _____

Year(s) Attended: _____

Personal Information

How did you first learn of The Master's School? _____

Why have you chosen to apply to The Master's School? _____

Are you seeking financial aid? Yes No

If yes, you must have a child who will be entering grades 1-12 at The Master's School. Financial aid applications must be completed online with FACTS at www.factstuitionaid.com. Neither the Office of Admissions nor the Business Office will accept financial aid application and tax returns. Student assistance is granted on a first come, first served basis and will not be considered until all required paperwork has been filed with FACTS.

The Master's School is a fully accredited member of the New England Association of Schools and Colleges and the Connecticut Association of Independent Schools. It is, moreover, a Christ-centered school with Christian educational goals and objectives. These are to encourage and enable students to receive all that God has for them physically, intellectually, and spiritually. We recognize this to be a primary responsibility of parents and, to this end, believe the close cooperation of school and family to be essential. We understand, therefore, that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child. You also grant permission to The Master's School to screen your child to determine placement in Early Kindergarten or Kindergarten.

Date

Signature of Parent or Guardian

Parent's Checklist

EMOTIONAL MATURITY

- | | | | |
|--|---|---|---|
| Is comfortable being away from parents for several hours | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to express ideas and feelings to adults other than parents | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Enters new activities without fear | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Accepts minor disappointments or limits without tears | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Shows confidence when engaged in learning activities | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |

SOCIAL MATURITY

- | | | | |
|--|---|---|---|
| Finds ways to resolve conflicts with peers independently | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Joins with a group of other children in listening to a short story | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Makes simple decisions given a few choices of play activities | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Plays cooperatively with other children | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Prefers to play with younger playmates | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Shares toys or food | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Takes turns with playmates | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Works independently without constant adult supervision | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |

PHYSICAL MATURITY

- | | | | |
|--|---|---|---|
| Takes care of toileting needs independently | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to hang up sweaters, jackets, hats without help | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to sit still or listen to an adult for at least 15 minutes | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to skip or hop on one foot | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to throw or catch a large ball | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Walks and runs in a smooth, coordinated manner | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Uses a pencil or crayon with a relaxed and controlled grasp | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |

INTELLECTUAL MATURITY

- | | | | |
|--|---|---|---|
| Listens to and follows directions | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to follow 2 or more directions | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Recalls past events | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| States own full name and age to a teacher or other adult | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Understands concepts such as colors, letters, numbers and shapes | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Identifies primary colors | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Names most parts of the body | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Identifies common objects such as cars, plants, airplanes, etc. | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to describe how simple objects are used | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Draws simple, recognizable drawings | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Is able to retell familiar stories, nursery rhymes, songs, etc. | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Shows an interest in books | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |
| Asks to be read to | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time | <input type="checkbox"/> Not at this time |

Please feel free to attach a separate sheet of paper if you would like to further explain any of these answers, or describe your child's personality, behavior, attitude, strengths, weaknesses or areas of special concern.