



Relationship to student: \_\_\_\_\_

Where do you attend worship? \_\_\_\_\_

Are you a member of Weddington United Methodist Church? \_\_\_\_\_

Why would you like your child to attend WCA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ ph: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have a medical condition that will require treatment and/or medication at school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with or suspected to have a learning problem? \_\_\_\_\_

If yes, please explain condition and any supporting therapy, tutoring, etc. Attach another sheet as need. \_\_\_\_\_

\_\_\_\_\_

Does your child have any special need? \_\_\_\_\_

Do you have any other concerns that would assist us in teaching your child? \_\_\_\_\_

\_\_\_\_\_

What methods of discipline do you find work best for your child at home? \_\_\_\_\_

\_\_\_\_\_

List your child's strengths, interests, hobbies and/or extracurricular activities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_