



BALCH NATURE SCHOOL

FAIRBANKS MUSEUM & PLANETARIUM

2024-2025 Application Form

Applicant's full name: _____ Preferred name: _____
 Gender _____ Date of Birth (mm/dd/yyyy) _____ Age _____
 Street Address _____
 City, State, Zip _____
 Town of legal residence _____ Home phone _____

Applying for (please check one)

_____ **2-day**~ Tuesday, Thursday
 _____ **3-day**~ Monday, Wednesday, Friday
 _____ **4 or 5 day slot**~ (Mon-Fri) 4 days circle your preference- Mon. Tues. Wed. Thur. Fri.

Date of proposed entrance to school: _____

FAMILY INFORMATION

Name of Parent (or guardian): _____
 Address (if different from applicant): _____
 Home/primary phone number (if different from applicant): _____
 Occupation/position: _____ Name of business: _____
 Business address: _____
 Work number: _____ Cell phone: _____
 Email address: _____

Name of Parent (or guardian): _____
 Address (if different from applicant): _____
 Home/primary phone number (if different from applicant): _____
 Occupation/position: _____ Name of business: _____
 Business address: _____
 Work number: _____ Cell phone: _____
 Email address: _____

**School mailings will be sent to all parents/guardians listed unless we are otherwise notified in writing.*

Student lives with (please list family members/relationship): _____

Check any that apply: Parent deceased _____
 Parents are divorced/separated _____
 If parents are divorced/separated, who is the custodial parent? _____



FAMILY INFORMATION CONTINUED: List names, ages, and schools of siblings

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT INFORMATION

Has your child ever been referred for special academic or psychological testing? Yes___ No___
 If you answered Yes, did your child received academic or psychological testing? Yes___ No___

Has your child ever received counseling services? Yes___ No___
 Does your child have a limiting physical handicap? Yes___ No___
 Has your child ever received specialized services such as:
 Occupational therapy? Yes___ No___
 Physical therapy? Yes___ No___
 Speech/Language therapy? Yes___ No___
 Testing and/or treatment for ADHD? Yes___ No___
 Has your child ever been tested for a learning disability? Yes___ No___
 Does your child wear glasses? Yes___ No___
 Does your child have a hearing impairment? Yes___ No___
 Does your child take medication on a regular basis? Yes___ No___
 Does your child have any allergies? Yes___ No___

If you answered "yes" to any of the above questions, please explain here or enclose details.

Names, dates, and location of any other early education program(s) or daycare(s) previously attended:

Name & location of Kindergarten applicant will be attending:_____

Applications will be prioritized by:

1. Application & Deposit submitted
2. Year prior to Kindergarten children
3. Number of days requested (higher priority to 4 and 5 day applicants)
4. Flexibility with enrollment days





PARENT QUESTIONNAIRE

In the space below, please jot down a few phrases or words that you feel best describe your child.

Please describe your observations of your child's learning style.

Please list some of your child's favorite things i.e. toys and activities.

What activities do you share as a family?

Why would you like your child to be a part of Balch Nature School?

Is there any information not included on this application that would be important for our staff to know?

How did you learn about The Balch Nature School? _____
