



BALCH NATURE SCHOOL

FAIRBANKS MUSEUM & PLANETARIUM

2026-2027 Application

Applicant's full name: _____ Preferred name: _____

Gender _____ Date of Birth (mm/dd/yyyy) _____ Age _____

Mailing Address _____

City, State, Zip _____

Town of legal residence _____ Primary phone _____

Physical Address (if different from mailing) _____

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/live separately _____

If parents are divorced/separated, who is the custodial parent? _____

What is the primary language spoken at home? _____

Do you have a secondary? _____

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

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

STUDENT INFORMATION

Has your child ever been referred for specialized 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 plans on attending:_____

Applications will be prioritized by:

1. Returning students
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? _____
