



1912 E Windsor Rd.
Urbana, IL 61802
P: 217.328.2532 F: 217.328.2956

APPLICANT INFORMATION 2022/2023

This form is to be completed by a parent or guardian of the applicant. A \$60 non-refundable application fee must be attached. The fee covers processing and screening costs and will not be applied towards tuition. If you are a returning Academy student, this fee is waived and the questionnaire may be filled out at your discretion.

APPLICANT

Male _____ Female _____ Grade _____

Full Legal Name _____

Name Student Prefers (Nickname) _____

Date of Birth _____ Age _____

Place of Birth _____ Citizenship _____

List Schools Attended (begin with current school)

PARENTS

1st Parent Mr. Mrs. Dr. Ms. 2nd Parent Mr. Mrs. Dr. Ms.

Name _____ Name _____

Home Address _____ Home Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Email _____ Email _____

Parents are seperated or divorced? Yes No

If so, with whom is the applicant living? _____

Should correspondance be mailed to both parents? 1st Parent 2nd Parent Both



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Employer _____

Employer _____

Occupation _____

Occupation _____

Business Address _____

Business Address _____

Work Number _____

Work Number _____

Email _____

Email _____

Who Referred you to Little Hearts and Hands Academy?

I certify that the information provided on this application is accurate and complete.

Parent's or Guardian's Signature

Date



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PARENT QUESTIONNAIRE – PART 1

The information you provide below and the following checklist will help us get a sense of your child's abilities, interests, and personal style. Feel free to add any information you think might be useful in giving us a good picture of your child.

Child's Name _____ Date of Birth _____

Sibling _____ Date of Birth _____

Sibling _____ Date of Birth _____

Language Spoken at Home _____

1. What four adjectives best describe your child?

2. Please describe your child's strengths and talents.

3. What are your child's special interests and hobbies?



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4. Please describe any areas that you feel need to be particularly encouraged in your child's growth and development?

5. What are your goals for your child?

6. Does your child have any chronic medical, behavioral conditions or disabilities? If so, please explain.

7. Why do you think Little Hearts and Hands Academy would be a good match for your child?



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PARENT QUESTIONNAIRE- PART 2

Please indicate where, on each continuum, you feel your child falls for each of the items below, 1 being always and 5 being not at all. If you wish, comments may be added to provide further explanation.

	Always					Not at All				
Respects authority	1	2	3	4	5	1	2	3	4	5
Gets along with peers	1	2	3	4	5	1	2	3	4	5
Responds well to redirection or correction	1	2	3	4	5	1	2	3	4	5
Recognizes letters of the alphabet	1	2	3	4	5	1	2	3	4	5
Identifies consonant sounds with letters	1	2	3	4	5	1	2	3	4	5
Identifies short vowel sounds	1	2	3	4	5	1	2	3	4	5
Attempts to write words. May use invented spelling.	1	2	3	4	5	1	2	3	4	5

Able to read independently (please circle all that apply):

2 and 3 letter words Phonics Readers Easy Readers Chapter Books

Can Count up to which number: _____

Recognizes/Reads Numerals to: _____

Other math skills (please list):

Additional Comments:



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EMERGENCY INFORMATION

Date Submitted: _____

Child's Name: _____

Birthdate: _____

Address: _____

Phone: _____

Father: _____

Phone #'s Cell: _____

Work: _____

Mother: _____

Phone #'s Cell: _____

Work: _____

Doctor: _____

Phone: _____

Hospital: _____

Know Allergies:

Other Emergency Contacts:

Name	Phone	Relationship	Ok'd for pickup
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____