



## Day Care Director/Teacher Reference

*(Required only for Center applicants ages two and above who have been in a child care program.)*

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My child, \_\_\_\_\_, is an applicant for admission to Belvoir Christian Academy's Christian Children's Center. Please complete this confidential reference form and mail to: Belvoir Christian Academy, 800 Belvoir Ave., Chattanooga, TN 37412 or fax to: 423-622-0177.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please answer the following questions:

1 Individual completing this form is:

Former Care Giver \_\_\_\_\_

Former Day Care Director \_\_\_\_\_

Former Day Care Teacher \_\_\_\_\_

Other (List Title) \_\_\_\_\_

2 How long have you known the child? \_\_\_\_\_

3 Are you aware of any mental, physical, emotional or social issues that would hinder our facility from being able to adequately serve this applicant or hinder the applicant from being successful in a day care/educational setting? \_\_\_\_ Yes \_\_\_\_ No

4 If yes, explain: \_\_\_\_\_

5 Does the applicant come from a Christian home? \_\_\_\_\_

• A well-disciplined home? \_\_\_\_\_

• Receive encouragement at home? \_\_\_\_\_

6 Please explain: \_\_\_\_\_

\_\_\_\_\_

(over)

- 7 Recommendation of this applicant could best be described as a candidate for admission  
 1) With confidence \_\_\_\_\_ 2) With reservation \_\_\_\_\_ 3) Not recommended \_\_\_\_\_

Comments or concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILD'S CHARACTERISTICS**  
 (Please check appropriate recommendation.)

| CHARACTERISTICS                 | Excellent | Above Average | Average | Below Average | Improvement Needed |
|---------------------------------|-----------|---------------|---------|---------------|--------------------|
| Cooperation with teachers       |           |               |         |               |                    |
| Independent play habits         |           |               |         |               |                    |
| Interaction with other children |           |               |         |               |                    |
| Anger management                |           |               |         |               |                    |
| Following simple directions     |           |               |         |               |                    |

Thank you for the time and information you have given in completing this *confidential* evaluation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Daycare Name: \_\_\_\_\_