



Preliminary Application

Shiloh Youth Ranch

An outreach of Shiloh Tabernacle Ministries, Inc.

10655 Roseland Road

Sebastian, FL 32958

Telephone: (772)589-4449



Name of child in full: _____
(first) (middle) (last)

Permanent Address: _____

Age: _____ Date of Birth: _____ Current Grade _____

Place of Birth: _____

Adopted? (Yes or No) _____

Please state the reasons for seeking to enroll your son in our program:

Religion: _____

Describe your church attendance: _____

Parental relationship:

Married Divorced Guardian

Legal Custodian(s): Mother Father Other (please explain)

Phone Contact: Home _____ Cell _____ Work _____

Names, addresses, and occupations of parents or guardians in full:

Names and ages of siblings:

Name

Age

Last school w/ address:

Current grade: _____

Has your son ever been suspended or expelled from school? If yes, please explain.

List any problems from the last school attended:

Describe your son's academic performance:

Does your son have diagnosed learning disabilities of any kind?

Has your son ever been arrested or investigated by any law enforcement issues? If yes, please explain.

Has your son been involved in any illegal drug or alcohol abuse? If so, please explain.

Do you exercise discipline with your son? _____

What methods of discipline do you use?

How does he respond to discipline?

List any medical conditions or problems:

List any psychological counseling, therapy, or treatment in the last year:

Does your son take any medications? If so, list them with strengths and dosage schedules and the reason for taking them.

What are your son's eating habits?

Do you require him to eat a balanced diet? _____

Does he have any medically proven allergies to any particular food?
