

Please print or type

Student Name _____ DOB _____ SS# _____

Grade for 2010-2011 school year _____

FAMILY ENROLLMENT FORM

Person(s) with whom student resides:

(All school information will be sent to the primary residence unless otherwise requested)

Name _____
 parent step guardian

Name _____
 parent step guardian

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell/Pager# _____

Cell/Pager# _____

E-mail _____

E-mail _____

Work Number _____

Work Number _____

Occupation _____

Occupation _____

Employer Name _____

Employer Name _____

Church Affiliation _____

Church Affiliation _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Pastor _____ Phone _____

Pastor _____ Phone _____

Are you a member? _____ How long? _____

Are you a member? _____ How long? _____

Do you attend regularly? _____

Do you attend regularly? _____

Marital Status _____

Marital Status _____

Siblings:	age	M / F	current school	grade
_____		<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____		<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____		<input type="checkbox"/> <input type="checkbox"/>	_____	_____

Parental Information (Other than applicant's primary residence)

Name _____
 parent step

Name _____
 parent step

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell/Pager# _____

Cell/Pager# _____

Work Number _____

Work Number _____

E-mail _____

E-mail _____

Siblings:	age	M / F	current school	grade
_____		<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____		<input type="checkbox"/> <input type="checkbox"/>	_____	_____
_____		<input type="checkbox"/> <input type="checkbox"/>	_____	_____

Student Name _____

I.) Family Registration

If you would like your family's name listed in the student directory, please indicate the name and number you would like listed.

Name _____ number _____

Provide directions to the exact location of the primary residence of the student

Language survey:

Does the student speak a language other than English? _____

What languages other than English are spoken in your home? _____

Pick-up and Contact Information

Persons authorized to pick up the child _____

Parents other than primary residence to receive report cards _____

Persons not authorized to visit or pick up by court order _____

Relationship to student _____

Health Insurance

Insurance company _____

Insurance carrier _____

Policy number _____ Group number _____

Family physician _____ Phone number _____

Please check and explain any conditions the student may have which could impact school performance or require special management at school.

- | | | |
|--|--|---|
| <input type="checkbox"/> allergies _____ | <input type="checkbox"/> convulsions _____ | <input type="checkbox"/> medication being taken _____ |
| <input type="checkbox"/> blood disease _____ | <input type="checkbox"/> contact lenses or glasses _____ | <input type="checkbox"/> kidney disease _____ |
| <input type="checkbox"/> asthma _____ | <input type="checkbox"/> hearing loss _____ | <input type="checkbox"/> heart disease _____ |
| <input type="checkbox"/> diabetes _____ | <input type="checkbox"/> rheumatic fever _____ | <input type="checkbox"/> nosebleeds _____ |
| <input type="checkbox"/> Epilepsy _____ | <input type="checkbox"/> other: _____ | |

Please print or type

II.) Emergency Information Form

Student's name _____ d.o.b. _____ grade _____

Address _____
Last First Middle
 city _____ state _____ zip _____

Primary phone _____ 2nd phone _____ cell _____

In case there is an emergency and parents cannot be contacted, please list alternative relatives/persons (other than anyone listed on the family registration form) to contact:

Name _____ relationship _____ phone _____
 Name _____ relationship _____ phone _____

List two neighbors or relatives who live nearby whom you agree to allow to have temporary care of your child if you cannot be reached (please make arrangements with people named below)

Name _____ relationship _____ phone _____
 Address _____ city _____ state _____ zip _____

Name _____ relationship _____ phone _____
 Address _____ city _____ state _____ zip _____

Blanket Medical Release

In case of an accident or serious illness, I request that the Academy contact me. In the event that I cannot be contacted or if the situation demands immediate attention, I give permission to the Academy personnel to administer first aid. Also, I authorize the school to arrange for this student to be transported to the closest emergency room by ambulance at my expense. I authorize medical personnel to perform the necessary care. Once admitted to the emergency room, I give permission for the necessary medical/surgery care.

This will be a blanket permit covering any and all outings, field trips, and events which my child will attend during the time this student is enrolled in the academy. My signature also serves to indicate my willingness to take full medical responsibilities for the student and to release the First Love Christian Academy from this liability.

Medication

No medication may be brought to the Academy or given without written permission from the custodial person. All medication brought to school must be immediately taken to the office upon entering the Academy and kept in its original labeled container. If medication is to be given on an extended basis, written permission from the family doctor and the custodial person must accompany the medication.

If a student has a need for over-the-counter medication (e.g., cough drops, Tylenol, Benedryl, etc.) to carry with him/her, he/she must bring a note from the parent. The original note will remain in the office, and a copy will be made for the student to carry with the medication itself.

Printed name of custodial person _____

Signature of custodial person _____

_____ Date _____