



## Application for Admission 2022-23

**Grade:**

PK3 M-F: \_\_\_\_\_ Bridge M-F.: \_\_\_\_\_  
PK3 A.M.: \_\_\_\_\_ Bridge A.M.: \_\_\_\_\_  
PK4 M-F: \_\_\_\_\_ K-5<sup>th</sup>: \_\_\_\_\_  
PK4 A.M.: \_\_\_\_\_

Date Received _____
Amount Paid _____
Check Number _____
Immunization Record _____
Birth Certificate _____ (K-5 <sup>th</sup> )

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Email \_\_\_\_\_

Church Preference \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Step Parent Name(s) \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

How did you find out about our school? (name if by family in our school):

**EMERGENCY CONTACT INFORMATION** (other than parents):

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is this person authorized to take the child from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is this person authorized to take the child from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Permission is hereby granted for First Academy personnel to meet the needs of my child in case of an emergency.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

In my absence, the following additional people may pick up my child (3 names/phone required):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

List other household members and their relationship to your child (brother, sister, etc.)

Name	Relationship	Age
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### Child's Health Record

#### Medical History

Please check if your child has had any of the following:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Frequent Ear Infections \_\_\_\_\_ German Measles \_\_\_\_\_ Fainting Spells \_\_\_\_\_

Contracted Tuberculosis \_\_\_\_\_ Diabetes \_\_\_\_\_ Biting \_\_\_\_\_

Seizures \_\_\_\_\_ Sun Sensitivity \_\_\_\_\_

I hereby give \_\_\_\_\_/do not give \_\_\_\_\_ written permission for the use of suntan lotions/sunscreen for my child in permit able weather. School age children may apply sunscreen to themselves with supervision. In accordance with minimum licensing requirements:

DCCECE/Child Care Licensing Unit: 1100.1101.27

**ALLERGIES** (list all): \_\_\_\_\_

Is there any evidence of the following:

Hearing loss or difficulties \_\_\_\_\_ Explain \_\_\_\_\_

Speech difficulties \_\_\_\_\_ Explain \_\_\_\_\_

#### Medical Information

Child's Physician or Emergency Facility \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_ mother/ father /guardian (circle one), do hereby give my consent to the Director/Principal of First Academy, or her duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director/Principal or her duly appointed representative to transport said child for an emergency medical treatment, if the parents cannot be reached.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_