



Application for Admission 2021-22

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

Age/Class: _____

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 Baptist Christian School 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____