



Faith Christian Academy

Pre-school Re-enrollment

(Today's Date)

Grade Entering

Name _____ Date of Birth _____
(Last) (First) (Middle) (M) (D) (Y)

Father _____ Mother _____
(Last) (First) (M) (Last) (First) (M)

Address _____

Hm. Ph. _____

Emergency Contact _____ Phone _____

Father's Employment _____ Wk. Ph. _____

E-mail _____ Cell Ph. _____

Mother's Employment _____ Wk. Ph. _____

E-mail _____ Cell Ph. _____

Student Health Information

Medical History:
List any known allergies: _____
List any medications: _____
Child's basic health: Excellent _____ Good _____ Fair _____ Poor _____
Are there any physical limitations? Yes _____ No _____ (If yes please give a brief description): _____
Date of last physical examination: _____ Date of last tetanus _____
Date of last TB test _____
(Copy of current shot record must accompany this application)

Insurance Company: _____ Policy # _____

For School Office Use Only

Reg. ____ Books ____ Half Day ____ Full Day ____ Cot Fee ____



Statement of Cooperation

Children are much happier when boundaries are established, for it is within boundaries that children learn respect and obedience. I agree to help enforce the boundaries set in the classroom, and I will take disciplinary actions at home if any continuing problems should arise. I also agree to support the educational standards of this school by helping my child at home when needed. I agree to read and support the guidelines as set forth in the handbook. I also agree that my child follows the school handbook as outlined by the faculty of Faith Christian Academy to the best of my ability. As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child. My signature also is verification that I have received a copy of the Tennessee Department of Education Summary of Childcare Approval requirements.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Note: It is understood that Faith Christian Academy has the right to accept or reject a student as it deems advisable.

Student Pick-up Information

We are required by law to have on file for each child at Faith Christian Academy a list designating adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. Identification will be required.

I have read the above information and have designated the following to pick up my child.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

The above may pick up child.