***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 \_\_\_\_

**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. 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.