

First Baptist Christian Academy Admission Application – 2010-2011

OFFICE USE ONLY	Fees Paid			Grade
Date/Time Received:	Non-Refundable Registration Fee: \$125.00 Cash/Ck #:	Book Fee: \$175.00 Cash/Ck #:	Non-Refundable E-Key Fee: (Extended Care ONLY) \$15.00 Cash/Ck #:	Grade _____
<input type="checkbox"/> Immunizations and Health Inventory	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Previous Testing/School Records	Start Date: _____ Session: <input type="checkbox"/> Summer & Fall <input type="checkbox"/> Fall	

Student Name: _____ Birth date: _____
Last First Middle Initial

Social Security #: **(REQUIRED)** _____ Sex: M F Race: _____

Home Phone: () _____ Address: _____

City/Zip: _____ Attend Church? If yes, where: _____

Public School District you live in: _____ Elementary School attendance area: _____

Do you want your child's name, address and phone number listed on the FBCA Class List? Y N Home Schooled? Y N

Parent 1 (Mother/Legal Guardian)	Parent 2 (Father/Legal Guardian)
Name: _____	Name: _____
Relationship: _____ Home Phone: _____	Relationship: _____ Home Phone: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell/Pager: _____	Cell/Pager: _____
Occupation: _____	Occupation: _____
Social Security #: _____	Social Security #: _____
Parent 3	Parent 4
Name: _____	Name: _____
Relationship: _____ Home Phone: _____	Relationship: _____ Home Phone: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell/Pager: _____	Cell/Pager: _____

A code name is **REQUIRED**. The persons listed below will be authorized to pick up or drop off your child. They will also be contacted in the case of an EMERGENCY and the parents cannot be reached. They will need to provide proper identification. Persons not listed must provide proper identification and **KNOW** the code name. Please call the school office if you ask someone other than those listed to pick up your child.

Code Name: _____

Name:	Relationship:	Phone: () _____ Phone: () _____
Name:	Relationship:	Phone: () _____ Phone: () _____
Name:	Relationship:	Phone: () _____ Phone: () _____

Summer Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Pick Up Time					

Fall Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Pick Up Time					

E-MAIL PERMISSION

I give permission for principal and office staff of FBCA, to include my e-mail address in the electronic mailings for the school year August 2010 – May 2011.

(PLEASE print) E-Mail Address: _____

Signature: _____

I do not have access to E-mail, please send a hard copy of memos.

If new enrollment, how did you hear about our school?	<input type="checkbox"/> Friend/Family _____	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio
---	--	------------------------------------	-------------------------------------	--------------------------------

I have read the FBCA Parent Handbook and will abide by its policies.
Parent or Guardian Signature: _____

Has your child been diagnosed with a learning or behavior disorder? If yes, please explain.

Does your child have an IEP from a previous school? Yes No If so, what school? _____

PERMISSION FOR EMERGENCY TREATMENT

By my signature below authorization is given to any FBCA staff member to consent to emergency treatment for my child, in the event that we (the parent/guardian) are not available at the time of the injury or illness. I further grant permission for the treatment of my child by the nearest emergency medical facility at the time of the injury or illness and at the discretion of the attending physician.

Parent or Guardian Signature: _____

For Kindergarten Students: This section MUST be filled out by your child's physician and returned by August 10, 2010.

If we have not received this form by August 17, your child will NOT be allowed to start school until it is received.

For students in Grades 1 through 6 please note any changes.

MEDICAL INFORMATION					
Doctor Name:			Phone:		
Preferred Hospital:			Phone:		
Does your child have:					
Allergies	Y	N	Specify:		
Asthma	Y	N	Specify:		
Diabetes	Y	N	Take Insulin: Y N		
Epilepsy/Seizures	Y	N	Specify:		
Heart Condition	Y	N	Specify:		
Orthopedic Problems	Y	N	Specify:		
Does your child:					
Have trouble with vision	Y	N	Have severe nose bleeds	Y	N
Wear glasses	Y	N	For: Distance	Close Work	
Wear contact lenses	Y	N			
Have trouble hearing	Y	N	Wear a hearing aid	Y	N
Has your child had:					
	Age			Age	
Chicken Pox			Measles (Hard)		
Mumps			Measles (3-Day)		
Rheumatic Fever			Other:		
Other:			Other:		
Summary of admissions to hospital:					
If child has a specific health problem, please list possible symptoms/reactions:					
Should activities (including P.E./recess) be limited? Y N If yes, please explain:					
Has child ever been diagnosed with any type of learning or behavioral disability? If yes, please explain:					
IMMUNIZATIONS * If exempt, please attach exemption form.					
Immunization	Date/Exempt*	Date/Exempt*	Date/Exempt*	Date/Exempt*	Date/Exempt*
DTP					
HIB					
Hep B					
MMR					
OPV					
Chicken Pox					

REMINDER: Children entering kindergarten MUST have a physical.

Date of physical: _____

Doctor Signature: _____

Date: _____