

FIRST CHRISTIAN ACADEMY STUDENT REGISTRATION FORM 2016-2017

FOR OFFICE USE ONLY
Amount Paid _____
Date Received _____

NOTE: This form must be completed ***in full*** and accompanied by the non-refundable Registration Fee. Please notify the school if any of this information changes during the school year.

Student's Name: _____ (_____)
Last First Middle Goes By

Date of Birth: ____/____/____ Female Male Age: _____ Ethnicity: _____

Entering Grade: _____ School Attended (2015-2016) _____ Preschool Start Date: _____

Siblings attending FCA and grade entering: _____

Interested in Extended Care: VPK (11am – 6pm) After School Care (from Dismissal – 6pm)

FAMILY INFORMATION

Father's Name _____	Mother's Name _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Position _____	Position _____
E-Mail Address _____	E-Mail Address _____
Business E-Mail _____ <small>(unless company policy prohibits use)</small>	Business E-Mail _____ <small>(unless company policy prohibits use)</small>

Student lives with: Both Parents Father Mother Grandparents
 Step-Mother Step-Father Guardians

Mailing Address _____

City, State, Zip _____ Home Phone Number _____

Name of Church currently attending _____ Are you members? _____

Church Address _____

Church Pastor's Name: _____ Phone Number: _____

Church Attendance: Weekly Monthly Other—please explain _____

PERMISSION FOR EMERGENCY CARE

FCA has permission to obtain medical care for my child as they deem necessary. When my physician or I cannot be contacted in an emergency, FCA has my permission to take my child to the emergency room of the nearest hospital. The hospital has my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Parent or Guardian's Signature: _____

Must be filled out completely.

EMERGENCY INFORMATION

Emergency Contact (if neither parent is available) _____

Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Your Student's Physician _____ Phone Number _____

Insurance Company _____ Policy Number _____

Does student have any serious illnesses? Yes No

If yes, please explain _____

Does student take any regular medication? Yes No

If yes, please explain _____

Does student have any food and/or medication allergies? Yes No

If yes, please explain _____

NOTE: Students are not permitted to keep any medication with them at school. This includes physician prescribed as well as over the counter medications. If your child needs to take medicine during the school day, fill out an Authorization for Medication form, and the medicine and forms will be kept in a secure location in the school office.

PHOTO PERMISSION / AUTHORIZATION

I/We understand that photographs of my child may be taken throughout the year and we give permission for those photographs to be used in school publications or on the school website. Yes No

*The names of individual students will not be released with any photographs except in the yearbook.

Yearbook Only Yes

PICK UP AUTHORIZATION

In addition to the parent and guardian, the following people also have permission to pick up my child from First Christian Academy. (They must have photo I.D. for pick up.)

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

4. Name: _____ Phone Number: _____

SIGNATURES

Mother's Signature (required) Date

Student's Signature & Date (required for grades 7-11)

Father's Signature (required) Date