

**FIRST CHRISTIAN ACADEMY  
STUDENT REGISTRATION FORM  
2017-2018**

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 remember to notify the school if any of this information changes during the school year.

**PLEASE PRINT LEGIBLY and FILL OUT COMPLETELY**

Student's Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Goes By

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Entering Grade \_\_\_\_ School Attended (2016-2017) \_\_\_\_\_ Preschool Start Date \_\_\_\_\_

Siblings attending FCA and grade entering \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Student lives with:  Both Parents  Father  Mother  Grandparent  
 Step-Mother  Step-Father  Guardian

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Name of Church currently attending \_\_\_\_\_ Are you members? \_\_\_\_\_

Church Address \_\_\_\_\_

Church Pastor's Name \_\_\_\_\_ Church 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 authorization to provide treatment which a physician deems necessary for the well-being of my child.

Parent or Guardian Signature \_\_\_\_\_

Please print legibly and fill out completely.

**EMERGENCY INFORMATION**

Emergency Contact (if neither parent is available) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Student's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Does student have any diagnosed health conditions, illnesses, disabilities or disorders of which we should be aware? (e.g. ADHD, ASD, Asthma, Diabetes, Epilepsy, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Does student have any diagnosed learning disabilities, difficulties, or differences? (e.g. APD, Dyslexia, an IEP or 504 Plan, etc.) \_\_\_\_\_ 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, please 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 understand that photographs of my child may be taken throughout the year and I give permission for those pictures 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 school yearbook.

**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 and Date (required)

\_\_\_\_\_  
Student's Signature and Date (required for grades 7-12)

\_\_\_\_\_  
Father's Signature and Date (required)