

**FIRST CHRISTIAN ACADEMY
STUDENT REGISTRATION FORM
2018-2019**

FOR OFFICE USE ONLY
Date Received _____
Amount Paid _____
Check No. _____

DIRECTIONS: This form must be completed *in full* and accompanied by the non-refundable Registration Fee. Remember to *notify the school* if any of this information changes during the school year. **PLEASE PRINT LEGIBLY.**

STUDENT INFORMATION, Part 1

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

Date of Birth ___/___/___ **Age** ___ Female Male **Grade** ___ (If Preschool, start date _____)

Has child ever repeated a grade? No Yes (If yes, which grade? ___) **Previous school(s) attended and grade(s):**

Siblings attending FCA and grades entering : _____

Ethnicity (Check all that apply) American Indian, Alaska Native Asian, Pacific Islander Black, African American
 Hispanic, Latino White, Caucasian

FAMILY INFORMATION

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

Mother's Name _____ **Cell Phone** _____

Home Phone _____ **Email Address** _____

Employer _____ **Position** _____ **Work Phone** _____

Mother's Mailing Address _____
(Street, City, County, State, Zip)

Father's Name _____ **Cell Phone** _____

Home Phone _____ **Email Address** _____

Employer _____ **Position** _____ **Work Phone** _____

Father's Mailing Address (if different) _____
(Street, City, County, State, Zip)

Name of Church currently attending _____ **Are you members?** _____

Church Address _____

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 deemed necessary. When my physician or I cannot be contacted in an emergency, FCA has 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 _____

EMERGENCY INFORMATION

Emergency Contact (if neither parent is available) _____
Relationship to student _____ Cell Phone _____
Home Phone _____ Work Phone _____
Name of Student's Physician _____ Phone Number _____
Insurance Company _____ Policy Number _____

STUDENT INFORMATION, Part 2

Does student have any **diagnosed health conditions, illnesses, disabilities, or disorders?**
(ADHD, ADD, ASD, Asthma, Diabetes, Epilepsy, etc.) No Yes If yes, please explain: _____

Does student have any **diagnosed learning disabilities, difficulties, or differences?**
(APD, Dyslexia, an IEP or 504 Plan, etc.) No Yes If yes, please explain: _____

Does student take any **regular medication?** No Yes If yes, please explain: _____

Does student have any **food and/or medication allergies?** No Yes If yes, please explain _____

MEDICATION POLICY

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. 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.

PICKUP AUTHORIZATION

In addition to the parent/ 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 _____
Address _____
2. Name _____ Phone Number _____
Address _____
3. Name _____ Phone Number _____
Address _____

SIGNATURES

Parent Signature / Date

Parent Signature / Date