

First Baptist Christian Academy

Application for Enrollment

Student Information

Date of Birth: _____ Sex: _____ Age as of Sept. 1st _____

Date of Enrollment: _____

Full name: _____

Last

First

Middle

Nickname

Child's Physical Address: _____

Street

City

ST

Zip Code

I am enrolling for ____ 3 yr old ____ VPK ____ After School ____ K-5 ____

Family Information

Child lives with: _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Address: _____ Address _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____

Other _____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor _____ Address _____ Phone _____

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital Preference: _____

Please list all allergies, special medical or dietary needs, or other areas of concern:

Contacts

Student will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Name	Address	Work #	Home #
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Helpful Information about the Child:

First Baptist Christian Academy admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the organization. It does not discriminate on basis of color, nationality, or ethnic origin in administration of its admission policies, scholarships and loan programs and other organizational administered programs.

Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "*KNOW YOUR CHILD CARE FACILITY.*"

Section 65C-22.006(3)(c) 2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date