



Haywood Christian Academy

Embracing children, releasing leaders

Application Date: _____

Child's Application: Kindergarten Preparatory Academy

To be completed and placed on file prior to the first day of school

Name of Child: _____
(last) (middle) (first)

Birth date: _____

Address: _____ Zip code: _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name: _____ Home #: _____

Address: _____ Zip code: _____

Where Employed: _____ Work #: _____

Father's cell phone #: _____

Email Address: _____

Mother/Guardian's Name: _____ Home #: _____

Address: _____ Zip code: _____

Where Employed: _____ Work #: _____

Mother's cell phone #: _____

Insurance Carrier: _____

Policy #: _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: Yes _____ No _____

List: _____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes):

EMERGENCY CARE INFORMATION:

Name of child's doctor: _____ Office #: _____

Address: _____

Name of child's dentist: _____ Office #: _____

Address: _____

Hospital Preference: _____ Phone #: _____

EMERGENCY CONTACTS: If neither mother nor father can be contacted, call:

Please list their relationship to your child.

Name: _____ Phone #'s: _____

Relationship: _____

Name: _____ Phone #'s: _____

Relationship: _____

In an emergency, if you cannot call for your child, please give the names of persons to whom the child can be released:

PICK UP AND DROP OFF:

The following individuals may pick up or drop off my child from school:

We will ask for personal (photo) identification of those individuals whom we are unfamiliar.

PROGRAM OPTIONS:

Please check the option that applies to you:

- 5 full days
- 5 mornings
- 3 full days
- 3 mornings

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____ Date: _____

(Signature of Parent)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

_____ Date: _____

(Signature of the Operator)

PARENT QUESTIONNAIRE:

Please submit along with the Enrollment Application. **This portion of the application is mandatory. Please take the time to thoughtfully fill it out. This MUST be returned before your child can be accepted into our program.**

Why have you chosen to apply for enrollment in Haywood Christian Academy Pre-Kindergarten Program?

Do you have a desire in keeping your child in Christian education beyond the Preschool years?

How are you currently administering discipline to your child?

STATEMENT OF FAITH:

Please explain your statement of faith.

Father:

Mother:
