



# Haywood Christian Academy

*Embracing children, releasing leaders*

Application Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

## Child's Application: Pre-Kindergarten Enrichment

*To be completed and placed on file prior to enrollment*

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 #: \_\_\_\_\_

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):

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**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:

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**PICK UP AND DROP OFF:**

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

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

*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.

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

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

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How are you currently administering discipline to your child?

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**STATEMENT OF FAITH:**

*Please explain your statement of faith.*

Father:

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Mother:

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**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.**



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Where Employed: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's cell phone #: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Work #: \_\_\_\_\_

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