

FAITH CHRISTIAN ACADEMY PRESCHOOL  
20500 County Road 11  
Big Lake, MN 55309  
612-787-8265  
Application for Admission

Child's full name \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle)  
Name your child goes by \_\_\_\_\_ Date of birth \_\_\_\_\_

Name you would like your child to learn to write \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom's cell phone \_\_\_\_\_ Dad's cell phone \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Child's age as of September 1<sup>st</sup> of application year \_\_\_\_\_

With whom does child reside \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step parent \_\_\_\_\_ Guardian

**Family Information**

Father/Stepfather/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Business address \_\_\_\_\_

Mother/Stepmother/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Business address \_\_\_\_\_

**Other Parent Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Under what circumstances should contact be made? \_\_\_\_\_

Do you want information about school sent to this parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and ages of other children in the family \_\_\_\_\_

\_\_\_\_\_

## Emergency Information

Child's Physician & Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's health status \_\_\_\_\_ Physical limitations \_\_\_\_\_

Is child under any medical treatment or on medication? \_\_\_\_\_ If so, please explain \_\_\_\_\_

Please list any foods your child is allergic to \_\_\_\_\_

Other allergies \_\_\_\_\_

**\*\*\*PLEASE INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD WITH APPLICATION\*\***

In case of emergency and parents cannot be reached please contact

Name	phone	relationship
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Name	phone	relationship
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Faith Christian Academy has authorization to act in an emergency situation when parents and/or relatives cannot be reached or there will be a delay in arriving:

Parent signature	Date
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The following adults have permission to pick my child up from FCA

The following adults DO NOT have permission to pick up my child from FCA

My child has permission to participate in carefully planned field trips during the school year. FCA asks parents to drive their children to field trips but in the event that I cannot attend, I give permission to another parent or teacher to drive my child on the field trip. You will be informed before a field trip is taken

Parent signature	Date
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Please check which session you prefer

Monday/Wednesday 8:30 - 11:30 \_\_\_\_\_

**Please submit a \$25.00 registration fee with application. Application fee is nonrefundable.**

Office use only: Date received \_\_\_\_\_ Amount paid \_\_\_\_\_ Check # \_\_\_\_\_