



2019-20
Preschool/VPK
Student Application

FOR OFFICE USE ONLY
Class Assigned
Schedule: M Tu W Th F
1/2 day full day
Aftercare Until:

Our vision is to provide our students with a biblical worldview while striving for academic excellence, inspiring both the students and their families to be more like Jesus!

Student Data:

Present Date: Starting Date:
Child's legal name:
Name child will use in school:
Child's permanent address:
City Zip code Contact phone:
Birth date: Male Female Child's Ethnicity:
Password for phone authorization

Parent Data:

Natural father Stepfather Guardian Other Natural mother Stepmother Guardian Other
Name: Address: City: Zip Home phone: Cell phone: Business phone: Business name: Occupation: E-mail address

Checklist of required forms:

- Application
Enrollment Contact
#1 Child Enrollment Information
HRS form 680 (Immunization records)
HRS form 3040 (Health Checkup)
Documentation of child's date of birth
Alternate Nutrition Plan
Swim Central Form

Family Information:

Parents' marital status: _____ Number of children in family: _____
What is the primary language spoken in the home? _____

Is either parent (or guardian) forbidden by court order from having equal access to the student or to the student's records?

Does your family attend church? No ___ Yes ___ (please fill out the information below if applicable)

Name: _____ Denomination: _____
Address: _____
Pastor: _____ Phone: _____

Is the father a member? ___ Yes ___ No
Is the mother a member? ___ Yes ___ No
Does the family attend church regularly? ___ Yes ___ No
Do the children attend Bible Study regularly? ___ Yes ___ No

Why do you want your child to attend a Christian school? _____

School student last attended and reason for leaving: _____

Where did you receive information about Parkridge Christian Academy? _____
___ School Website ___ Church Website ___ Magazine ___ Radio
Other _____

Please initial to indicate your support in these areas:

- _____ Are you willing for your child to receive training in the Bible and the doctrines of the Parkridge Church and will you support the school in its endeavors to encourage and to guide your child in applying those teachings to his/her life?
- _____ Will you assume the responsibility for your child's preschool education by keeping in regular contact with your child's teachers?
- _____ If the preschool administration makes a recommendation for your child to have a professional developmental or behavioral evaluation, will you assume the responsibility to follow through using either a private or a public service and report the results to the administration.
- _____ Are you willing to support, to the best of your ability, the various activities of your child's school?
- _____ Are you willing to support the school and its policies concerning safety, health, and behavior standards as outlined in the parent handbook?

Medical History of Child:

Chicken pox Flu Meningitis Whooping cough
 Convulsions Measles Mumps Other _____

Allergies (foods, etc.) _____
(Physician documentation of all allergies required)

Any evidence of hearing loss or difficulties? Yes No If yes, explain _____

Any evidence of vision difficulties? Yes No If yes, explain _____

Speech disabilities? Yes No If yes, explain _____

Hospitalizations? Yes No If yes, explain _____

Operations? Yes No If yes, explain _____

Other illnesses? Yes No If yes, explain _____

Does your child have any physical handicaps? _____

Does your child have any special needs that may affect his school work? _____

If yes, please explain _____

Has your child been seen at FDLRS/Early Step for assessments? If yes, please explain _____

Does your child have an IFSP (Individualized Family Service Plan)? _____
If yes, provide copies prior to enrollment.

Has your child has ever been tested or recommended for testing? _____

If yes, please explain _____

**Failure to disclose students' special needs (physical, emotional, or academic) can result in immediate dismissal with no refund for prepaid services.*

***Parkridge's preschool program is not specifically designed to accommodate special needs students; however, the preschool staff will make every effort to provide modifications to meet the needs of all students.*

****Students with developmental/behavioral delays will be evaluated periodically to determine if the facility and the environment continually meets the needs of the student.*

Emergency Information:

Name of child's physician: _____ Phone: _____
Address: _____
Medical insurance carrier: _____ Policy Number: _____

Person authorized to act for parents in emergency (relative, friend, and/or neighbor):

1st choice

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

2nd choice

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Person(s) authorized to pick up your child (relative, friend, and/or nanny)

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Name: _____
Home Phone: _____ Business phone: _____ Cell Phone: _____
Address: _____ Relationship: _____

Parkridge Christian Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students at the school. The school does not discriminate on the bases of race, color, or national ethnic origin in administration of its educational policies, admissions policies, and other school administered program.