

FAMILY INFORMATION

Student lives with ___ Both Parents ___ Mother ___ Father ___ Other: _____

Guardian #1: _____
First Last Relationship to Student

Home Phone Cell Phone Work Phone

Occupation Email
Include phone # in school directory? YES or NO Include address in school directory? YES or NO

Guardian #2: _____
First Last Relationship to Student

Complete address below if different from student and Guardian #1.

Address

City State Zip Home/Cell Phone

Occupation Work Phone Email
Include phone # in school directory? YES or NO Include address in school directory? YES or NO

Remarried:parent/guardian _____ spouse _____
parent/guardian _____ spouse _____

School District and School your child would attend if attending public school:

District School

Other children with whom the student resides:
Name Age Current School Grade

People in addition to guardians that are authorized to pick up child:

_____	_____	_____
Name of Person	Relationship to Child	Phone Number
_____	_____	_____
Name of Person	Relationship to Child	Phone Number

Attend church? Y / N Where (if yes)? _____

Pastor's Name _____ Denomination: _____

Baptized: Y / N If yes, date of Baptism: _____ If no, are you interested in Baptism? Y / N

Is a language other than English spoken in your home? Yes _____ No _____

If yes, what language? _____ Is the applicant bilingual? _____

Please provide a few words or phrases you feel describe your child.

Please comment on your child's experience in day care or school.

What do you want your child to gain at Early School?

If there are circumstances which have affected or might affect your child's school performance, please explain below. For example:, frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

Does your child have any known allergies? If so please list.

Has your child been tested for any special needs? _____

If yes, results of needs testing: _____

Did a current Grace Chapel school family refer you to our school? _____

If yes, please name: _____

By signing this form, I affirm that all information on this application is true and accurate. I also understand that if my child is ill and/or has a fever of 100° or more, he/she may not be accepted for care within 24hrs of symptoms.

I/We request that the above named child be enrolled in Grace Chapel Early Childhood Center.

Signature of Parent/Guardian

Date

PLEASE CHECK: Do you have everything you need in order to request admission?
the following must be submitted, along with this application:

- Registration Fee
- Medical form from pediatrician including immunizations
- Copy of Birth Certificate
- Child and Family Profile completed
- Tuition Agreement (signed)
- Parental Agreement (signed)
- Photo release form (signed)

Office Use Only

Date received: _____ By: _____

- Registration fee paid _____ cash/card/check # _____
- Emergency cards _____
- Paperwork complete _____
- Birth Certificate _____ medical _____
- Entered into Fast Direct _____
- Entered into SMART _____