

Life Christian Academy

1026 Stearman Drive

White House, TN

(615) 581-0058

www.life-christianacademy.org



Office Use Only

- Testing Date: _____
- Approved for Class: _____
- Date of Acceptance: _____
- Registration Fee Paid: _____

Application for Admission

STUDENT INFORMATION:

First Name: _____ Last Name : _____ M.I. _____

Preferred Name: _____ Date of Birth: _____

Social Security Number: ____/____/____

Grade: _____

Please list any other preschools or schools that your child has attended.

Name	Phone Number

The following items are not used for student acceptance purposes. Life Christian Academy does not discriminate on the basis of race, color, or national origin.

Gender: M _____ F _____ Race: _____ U.S. Citizen: Yes _____ No _____

PARENT/GUARDIAN INFORMATION: Family Member 1

Relation to Student: _____ Name: _____

Lives with child? Yes _____ No _____ Cell Phone #: _____ Provider: _____

Address (child's residence): _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Work Phone #: _____ Work Address: _____

City: _____ State: _____ Zip: _____

Family Member 2:

Relation to Student: _____ Name: _____

Lives with child? Yes _____ No _____ Cell Phone #: _____ Provider: _____

Address (child's residence): _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Work Phone #: _____ Work Address: _____

City: _____ State: _____ Zip: _____

Responsible for Payment:

Family Member 1 Family Member 2 Other (Complete next line.)

Name Responsible: _____

Address: _____

City: _____ State: _____ Zip: _____

Brother(s) and/or Sister(s):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

MEDICAL AND EMERGENCY INFORMATION:

Child's Physician: _____ Phone: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Which hospital do you prefer to have your child taken to? _____

Have all the required immunizations been administered? Yes _____ No _____

Date of last Tetanus: _____

Allergies: _____

Please list any chronic health, emotional, or physical problems the child may have:

List two people to contact in an emergency, if a parent cannot be reached immediately:

1. Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Are these individuals allowed to pick up the child in the event of an emergency? Yes _____ No _____

List people who have permission to pick up your child. Write none if you are the only one to pick up your child.

1. Name: _____ Cell Phone: _____

2. Name: _____ Cell Phone: _____

3. Name: _____ Cell Phone: _____

EMERGENCY RELEASE AND HOLD HARMLESS AGREEMENT

I, hereby, give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency. I understand that Life Christian Academy is not financially liable for accidents that occur at the Academy. I agree to provide accident insurance for my child. The information I have provided is true and correct. My signature indicates my understanding of the above release statements.

Insurance Company: _____

Insured Name: _____

Policy Number: _____ Phone Number: _____

Printed Name: _____

Parent/Guardian Signature: _____

Date: _____