



# Enrollment Form

Please fill in application completely and legibly.

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male  Female

Date of Enrollment: \_\_\_\_\_ Circle days to attend: Mon. Tues. Wed. Thurs. Fri.

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

How did you hear about Highland Christian Academy?

Friend or Family

- Drive By
- Direct Mail
- Yellow Pages
- Other

\_\_\_\_\_  
\_\_\_\_\_

### Parent Information:

Enrolling Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext# \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Work Hours \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext# \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Work Hours \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Primary Residence:  With Mother  With Father  With Both  With Guardian (Name): \_\_\_\_\_

Parent's Marital Status:  Married  Single  Divorced

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_  
(If yes, include in release section below. If no, documentation from the court may be required.)

The child will be released only to the people on this application and the following persons:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Enrollment Application (Continued)

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Any Allergies or Special Needs: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency contact other than parents:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Is your child potty trained?  Yes  No What does your child say when he/she wishes to use the potty? \_\_\_\_\_

Does your child need help in: Dressing/Undressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

Has your child been cared for by other than parents? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Favorite game: \_\_\_\_\_ Favorite toys: \_\_\_\_\_

### Parent Agreement

The Academy will be open from \_\_\_\_\_ AM to \_\_\_\_\_ PM for children ages \_\_\_\_\_ to \_\_\_\_\_.

- ❖ A late fee will be charged for late pick-ups.
- ❖ I agree to pay in advance each week's tuition.
- ❖ I agree that I am enrolling for \_\_\_\_\_ days per week at a cost of \_\_\_\_\_.
- ❖ I am aware that a \$10.00 bookkeeping fee will be charged for payments received after Monday.
- ❖ The maximum fee allowed by state law will be charged for all return items/checks. Second and third attempts to collect on return items/checks plus all associated fees will be electronically presented to your bank.
- ❖ I agree to pay a registration fee at the time of enrollment to be renewed each **August/September**.
- ❖ This enrollment fee is **not refundable**.
- ❖ I have received my Parent Handbook, containing additional policies and procedures.

**Church Member Plan:** Is either parent a member of First Baptist Church of Apopka? Yes No

**Parent or Guardian Name (please print)** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_