



## 2010 - 2011 Registration Form

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

**Father's Name:** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

**Mother's Name:** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

*List one local person to call in case of an emergency if parents/guardian cannot be reached.*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Driver's License \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

*I hereby authorize The Fellowship Christian Academy to allow my child to leave with the following persons in addition to the person listed above.*

Name #1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Driver's License \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Driver's License \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

List any special problems that our child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**I give consent for this facility to secure any and all necessary emergency medical care for my child.**

\_\_\_\_\_  
(Signature of Parent of Guardian)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

(Seal of Notary Public)

## Field Trip Permission

I hereby give permission for my child to participate in any field trips. The Fellowship Christian Academy will inform parents of each field trip before the scheduled date. Your child's teacher plus at least one other sponsor will participate with the children on any scheduled trip.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

### Office Use Only

9:00 a - 2:00 p:  T/Th  M/W/F  5 day

Teacher: \_\_\_\_\_

Registration Pd.  May Tuition Pd.

Date of Admission: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_ Reason: \_\_\_\_\_