

# FAITH CHRISTIAN ACADEMY

627 S. Main St. / P.O. Box 313, Jamestown, Tn 38556

Phone: (931)879-9137 Fax: (931)879-5077

**Jane Smith**  
Administrator

**Fred Allred**  
Pastor

## Pre-school Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle) (M) (D) (Y) (M) / (F)

Father \_\_\_\_\_ Mother \_\_\_\_\_  
(Last) (First) (M) (Last) (First) (M)

Address \_\_\_\_\_  
(Physical) (City) (Zip)

\_\_\_\_\_ (Mailing) (City) (Zip)

Phone \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Name of church you attend \_\_\_\_\_

Church address \_\_\_\_\_

Does your family attend regularly? \_\_\_\_\_

## Student Information

Medical History:

List any known allergies: \_\_\_\_\_

List any medications: \_\_\_\_\_

Child's basic health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Are there any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes please give a brief description): \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_ Date of last tetanus \_\_\_\_\_

Date of last TB test \_\_\_\_\_

(Copy of current shot record must accompany this application)

For School Office Use Only

Reg. \_\_\_\_\_ Books \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day / Cot Fee \_\_\_\_\_

## **Developmental Health History**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Nickname \_\_\_\_\_

### **PHYSICAL HEALTH**

What health problems has your child had in the past? \_\_\_\_\_

\_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_

\_\_\_\_\_

### **OTHER THAN WHAT YOU LISTED ABOVE:**

Does your child have any allergies? If so to what? \_\_\_\_\_

\_\_\_\_\_

How severe? \_\_\_\_\_

Does your child take any medicine regularly? If so, what? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized? If so, when and why? \_\_\_\_\_

\_\_\_\_\_

Does your child have any recurring chronic illness or health problems such as:

\_\_\_\_\_ asthma      \_\_\_\_\_ cerebral palsy      \_\_\_\_\_ development delay

\_\_\_\_\_ diabetes      \_\_\_\_\_ frequent earaches      \_\_\_\_\_ hemophilia

\_\_\_\_\_ seizure disorder      other \_\_\_\_\_

If medically diagnosed, what is the name, address and phone # of the doctor who diagnosed the illness or health problem \_\_\_\_\_

\_\_\_\_\_

### **DEVELOPMENT (compared to other children this age)**

Does your child have any problems with talking or making sounds? Please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any problems with walking, running, or moving? Please explain. \_\_\_\_\_

\_\_\_\_\_

Does your child have any problems seeing? Please explain.

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Does your child have any problems hearing? Please explain.

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Does your child have any problems using her or his hands (such as with puzzles, small building pieces, etc.)? Please explain.

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### **DAILY LIVING**

What is your child's typical eating pattern?

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Write N/A (non-applicable) if your child is too young for the following questions to apply.

What foods does your child like? \_\_\_\_\_

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Dislike? \_\_\_\_\_

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How well does your child use table utensils (cup, fork, spoon)? \_\_\_\_\_

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How does your child indicate bathroom needs? Word(s) for urination: \_\_\_\_\_

Word(s) for bowel movement: \_\_\_\_\_

Special words for body parts: \_\_\_\_\_

What are your child's regular bladder and bowel patterns? Do you want us to follow a particular plan for toileting? \_\_\_\_\_

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For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). \_\_\_\_\_

What is your child's regular sleeping patterns?

Awakes at \_\_\_\_\_ Naps at \_\_\_\_\_ Goes to bed at \_\_\_\_\_

What help does your child need to get dressed? \_\_\_\_\_

### **SOCIAL RELATIONSHIPS / PLAY**

What ages are your child's most frequent playmates? \_\_\_\_\_

Is your child friendly? \_\_\_\_\_ aggressive? \_\_\_\_\_ shy? \_\_\_\_\_ withdrawn? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Is your child frightened by (circle all that apply) Animals, Rough Children, Loud noises, The Dark, Storms, other \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

What is the best way to discipline your child, EXCLUDING physical punishment?  
\_\_\_\_\_

With which adults does your child have frequent contact? \_\_\_\_\_  
\_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll, etc.)? \_\_\_\_\_

Is there any other information that you wish to share that would assist in meeting your child's needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: The content of this form is taken from "Healthy Young Children A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16<sup>th</sup> St., N.W., Washington, DC 20036-1426 (202)232-8777 (800)424-2460 Fax (202)328-1846

Students Name: \_\_\_\_\_

We are required by law to have on file for each child at Faith Christian Academy a list designating adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. If your child is being picked up by someone on the list and that person does not on a regular basis, PLEASE send a note or call the school. If an emergency is to arise and you need someone who is not on the list pick up your child, you MUST send a note or call. This person will be required to show identification.

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I have read the above information and have designated the following to pick up my child.

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_
4. \_\_\_\_\_ Phone \_\_\_\_\_

The above person may pick up my child:

\_\_\_\_\_ Only when I call and give permission first.

\_\_\_\_\_ At any time.

### **Legal Custody**

Please be aware that in the case of legal divorce, we must have a copy of legal custody documents in the child's file in order to keep a parent from picking up his/her child. Please indicate below if this is the case and provide us with the legal documents.

\_\_\_\_\_ does not have permission to pick up my child. I have provided legal documents to this effect.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

## **Statement of Cooperation**

Children are much happier when boundaries are established, for it is within boundaries that children learn respect and obedience. I agree to help enforce the boundaries set in the classroom, and I will take disciplinary actions at home if any continuing problems should arise. I also agree to support the educational standards of this school by helping my child at home when needed. As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child.

My signature also is verification that I have received a copy of the Tennessee Department of Education Summary of Childcare Approval requirements.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** It is understood that Faith Christian Academy has the right to accept or reject a student as it deems advisable.