



Start date: _____

Fallbrook Community Development Center
Fallbrook Christian Academy

Student Enrollment Application

Weekly Installment: _____ Monthly Installment: _____ Annual Installment: _____ Childs Polo/Shirt Size: _____

Entering Grade: _____

Student Name: _____ D.O.B.: _____ Sex: ___ Age: _____

Student's Home Address: _____

Student's Home Telephone: _____ Email: _____

Parent/Guardian Information:

Mother's Name: _____ Father's Name: _____

(If different from above)

(If different from above)

Address: _____ Address: _____

City/State: _____ City/State: _____

Cell: _____ Work: _____ Cell: _____ Work: _____

Driver's License No.: _____ State: _____ Driver's License No.: _____ State: _____

Parents' Status: ___ Married ___ Single ___ Divorced ___ Separated

If divorced, who has legal custody of child? _____

A copy of the Divorce Decree must be kept on file, stating who has legal custody of the child.

Please give the names and phone numbers of persons to call in case of an emergency, if parent/guardian cannot be reached.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In addition to the above-mentioned persons, I authorize Fallbrook Community Development Center to allow my child to leave with the following persons. I understand that this serves as written authorization and the persons on this list may pick up at any time without prior notice. (Child(ren) will be released after verification of ID.)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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Authorization Form

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

Name of Physician: _____ Address: _____ Phone: _____

Name of Emergency Medical Care Facility:

I give consent for Fallbrook Community Development Center to secure any and all necessary emergency medical care for my child.

Signature of Parent/Legal Guardian

Date

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

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800-414-0301 (voice) or 800-514-0383 (TTY).

CHECK ALL THAT APPLY:

I HEREBY GIVE MY CHILD(REN) THE FOLLOWING CONSENT:

FIELD TRIPS: CAN PARTICIPATE CANNOT PARTICIPATE

WATER ACTIVITIES: CAN PARTICIPATE CANNOT PARTICIPATE

TRANSPORTATION: CAN PARTICIPATE CANNOT PARTICIPATE

SCHOOL AGE CHILDREN:

↑ My child attend the following school and his/her immunization record is on file at that school. All required immunizations and/or tuberculosis tests are current. Vision and hearing screening records are on file.

Name of School

School Phone Number

School Address

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I ACKNOWLEDGE RECEIPT OF FALLBROOK COMMUNITY DEVELOPMENT CENTER'S HANDBOOK AND POLICIES, TUITION AGREEMENT AND REGISTRATION FEES. FOR YOUR CHILD(REN)'S SAFETY, ALL CHILDREN MUST BE BROUGHT INTO THE BUILDING AND LEFT IN THE PRESENCE OF A STAFF MEMBER AS WELL AS SIGNING IN UPON ARRIVAL. THE SAME APPLIES WHEN LEAVING THE CENTER FOR THE DAY.

Parent's Signature: _____ Date: _____

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