

**LIBERTY CHRISTIAN ACADEMY**  
*"Education for a Lifetime"*  
**2011-2012 PRESCHOOL**  
**ENROLLMENT AND STUDENT INFORMATION FORM**

Child's Name: \_\_\_\_\_ SS# \_\_\_\_\_ K3 – K4  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ (Circle One)

Birthdate: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Phone

Work: \_\_\_\_\_  
 Place Street City State Zip Phone

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Phone

Work: \_\_\_\_\_  
 Place Street City State Zip Phone

**PERSONS PERMITTED TO REMOVE CHILD**

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Father: Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Persons Permitted To Remove Child**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Phone

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Phone

**OTHER PERSON TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Phone

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip Phone

<b>FOR OFFICE USE ONLY</b>		
____ Reg. Fee Paid \$ _____	____ Material Fee Paid \$ _____	____ Health Records
____ Birth Certificate	____ Interviewed	____ Tuition Plan/Contract
____ Date Enrolled	____ Shot Record/Shots rec'd	____ Accepted _____ Refused/Reason
		____ Academic Records

**SPECIAL INSTRUCTIONS REGARDING EATING HABITS, TOILETING OR AREAS OF CONCERN**

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**PREVIOUS DAYCARE(S)/SCHOOL(S) ATTENDED**

School Name \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL PROCEDURE**

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

Address: \_\_\_\_\_  
Street City State Zip Phone

I give permission for the above physician/health resource agency to be contacted in a medical emergency in the event I cannot be reached. If the above medical resources cannot be reached I give my permission for the emergency medical procedure set up by the school to be followed:

**CHILD TAKEN TO EMERGENCY ROOM, FLORIDA HOSPITAL WATERMAN.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*Liberty Christian Academy does not discriminate on the basis of race, color or ethnicity.*