

**FAITH CHRISTIAN ACADEMY PRESCHOOL**

20500 County Road 11

Big Lake, MN 55309

612-787-8265

Application for Admission

Child's full name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle)

Name your child goes by: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name you would like your child to learn to write: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's cell phone: \_\_\_\_\_ Dad's cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's age as of September 1<sup>st</sup> of application year: \_\_\_\_\_

With whom does child reside? \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Step parent \_\_\_\_ Guardian

**Family Information**

Father/Stepfather/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Mother/Stepmother/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Business address: \_\_\_\_\_

**Other Parent Information**

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

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

Under what circumstances should contact be made?  
\_\_\_\_\_

Do you want information about school sent to this parent? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and ages of other children in the family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information**

Child's Physician & Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Child's health status: \_\_\_\_\_ Physical limitations: \_\_\_\_\_  
Is child under any medical treatment or on medication? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any foods your child is allergic to: \_\_\_\_\_  
Other allergies: \_\_\_\_\_

\*\*\*PLEASE INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD WITH APPLICATION\*\*\*

In case of emergency and parents cannot be reached please contact:

\_\_\_\_\_  
(name) (phone) (relationship)

\_\_\_\_\_  
(name) (phone) (relationship)

Faith Christian Academy has authorization to act in an emergency situation when parents and/or relatives cannot be reached or there will be a delay in arriving:

\_\_\_\_\_  
(Parent signature) (Date)

The following adults have permission to pick my child up from FCA  
\_\_\_\_\_

The following adults DO NOT have permission to pick up my child from FCA  
\_\_\_\_\_

My child has permission to participate in carefully planned field trips during the school year. FCA asks parents to drive their children to field trips but in the event that I cannot attend, I give permission to another parent or teacher to drive my child on the field trip. You will be informed before a field trip is taken.

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(Parent signature)

(Date)

**Please check which session you prefer:**

Monday/Wednesday 8:30 - 11:30: \_\_\_\_\_ Monday/Wednesday 12:15 – 3:15: \_\_\_\_\_  
Optional Friday 8:30 - 11:30 \_\_\_\_\_ (only for children entering kindergarten the following fall)

**Please submit a \$25.00 registration fee with application. Application fee is nonrefundable.**

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Office use only:

Date received: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_