



APPLICATION FOR ADMISSION

STUDENT INFORMATION

Last Name First Name Middle Name Preferred Name

Street Address City ZIP Code

_____/_____/_____
Date of Birth Social Security Number _____
Grade (please indicate if FT or PT)

***Ethnicity**

- Caucasian Hispanic African American Native American Multi Racial
- Asian or Pacific Islander Eastern Indian

*This information to be utilized for National Census information related to Christian Schools.

FAMILY INFORMATION

Parent's Marital Status: Married Divorced Separated Widowed
Student lives with? _____ Relationship to Student? _____

FATHER

Name

Social Security Number

Home Phone

Employer

Employer's Phone

Cell Phone

Email

Address (if different from student)

MOTHER

Name

Social Security Number

Home Phone

Employer

Employer's Phone

Cell Phone

Email

Address (if different from student)

CHURCH AFFILIATION

Church's Name _____ Member: No Yes Years Attended _____

Pastor's Name: _____

Student Regularly attends: Church Sunday School Other _____

Parents Regularly attend: Church Sunday School Other _____

May Kings Avenue Baptist Church contact you for visitation as part of their outreach? yes no

EMERGENCY CONTACTS (other than parents (two required):

Name (First & Last) Relationship to Student Home Phone Cell Phone

Name (First & Last) Relationship to Student Home Phone Cell Phone

AUTHORIZED PICK UPS

Other adults authorized to pick up student from school (Proper ID required, must be 18 or over to pick up student):

Name (First & Last) Relationship to Student and phone number

Name (First & Last) Relationship to Student and phone number

Name (First & Last) Relationship to Student and phone number

Name (First & Last) Relationship to Student and phone number

CONSENT AND MEDICAL RELEASE

Child's Physician Phone Child's Dentist Phone

Food and other Allergies: Reaction: Prescribed Medication: Dosage:

Name of Insurance Company Name of Insured

Policy Number Group Number

AUTHORIZATION FOR EMERGENCIES

- A. Permission is granted for the officials of Kings Avenue Christian Preschool to administer first aid, and to obtain the services of a licensed physician, and to arrange transportation to the nearest hospital in case the person named above is seriously ill or injured and requires hospitalization.
- B. Permission is also granted to the attending physician to render whatever treatment he deems best for the person's welfare, and the responsibility for all expenses incurred will be assumed by the individual whose signature appears below.
- C. I hereby release and discharge Kings Avenue Baptist Church or Kings Avenue Christian Preschool, its employees and officials, including volunteer chaperones, from any and all liability in case of accident or any other injury which might occur to my child through the administration of first aid, or transportation to a medical facility. I hereby release said aforementioned officials from any liability because of any injury or damage which may occur.
- D. I will accept responsibility for payment of all medical services rendered.

Signature of Parent of Guardian: _____ Date: _____

Kings Avenue Christian Preschool
2602 South Kings Avenue
Brandon, Florida 33511
(813)684-9453



PARENT COMMITMENT FORM

Childs Name _____

We acknowledge our commitment to the following:

- To support the statement of faith of KACP
- To support the Christian philosophy of education as taught at KACP
- To accept KACP staff authority and to abide by the disciplinary policy as outlined
- To cooperate by praying faithfully, volunteering time and assistance as needed, giving special gifts and participating in fundraisers as able.
- To follow God's line of authority. When differences of opinion exist, we will go first to the individual with whom we have the problem. If not resolved, we will go with the individual to the Director
- To pay all fees when due as stated in the financial policy. We understand that all accounts must be kept current in all programs at KACP.
- To accept the decision of the administration in regards to the appropriate placement of my child.

I understand that my child's attendance is a privilege and not a right, and that if at any time his/her conduct or cooperation with the school's authority is not in keeping with the school's standards; the school reserves the right to terminate, at its discretion, my child's enrollment.

Photo/Video Permission *(Please initial for approval)*

_____ Permission is hereby granted to photograph/video the student for the school yearbook, brochures, newspaper articles, and other publicity advertisements. Additionally, video may be used to document behavioral issues. All photographs/video remain the property of KACP.

Nutrition Agreement *(Please initial)*

_____ Packed snacks and lunches have the following requirements:

Snack – please provide nutritional items from at least 2 of the food groups (excluding sugars).

Lunch – please provide nutritional items from at least 4 of the food groups (excluding sugars).

Snack and/or Lunch – Provided by parent

_____ I hereby inform KACP that I will provide for the nutritional needs of my child during the time he./she is in the program. I hereby give the employees of KACP permission to serve the food that I have provided for my child's snack and/or lunch.

I have read the aforementioned items and agree to the meal plan and other items mentioned as denoted by my initials above and signature below.

Parent Signature _____ Date: _____