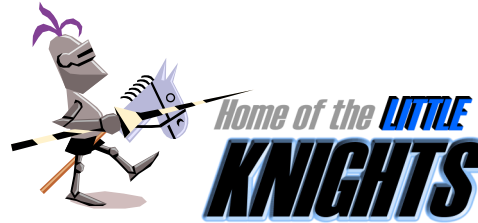


# 2010-2011 Application for Admission

**FIRST COAST CHRISTIAN  
PRE-SCHOOL**  
7587 Blanding Blvd.  
Jacksonville, FL 32244  
Phone: (904) 777-3040/Fax: (904) 777-3045  
e-mail: [admissions@fccsjax.org](mailto:admissions@fccsjax.org)  
[www.fccsjax.org](http://www.fccsjax.org)



For Office Use Only

Student ID: \_\_\_\_\_

Approval: \_\_\_\_\_

Start Date: \_\_\_\_\_

## Student Information: ( We must have an individual application for each individual student.)

Student's Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_ Grade applying for (circle one): K3 K4

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Is the student a U.S. Citizen?  No  Yes Place of Birth: \_\_\_\_\_

Gender:  Male  Female Primary Ethnicity:  Am. Indian  Asian  Black  Hispanic  White  Other \_\_\_\_\_

Please list the names and grades of any siblings who are/will be attending FCCS:

Who has legal custody of the student?  Both parents  Father  Mother  Other: \_\_\_\_\_

With whom does the student live?  Both parents  Father/Stepmother  Mother/Stepfather  Father only  
 Mother only  Other: \_\_\_\_\_

**Legal court documentation valid in Florida must be submitted with this paperwork if either parent is not allowed to have contact with the child.**

## Student's Medical information

Please list any and all Physical Defects, Limitations, Medications and/or Allergies:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

### **Father/Guardian Information:**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_

Spouse's name if other than student's mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Church you Attend: \_\_\_\_\_  None Are you a member?  YES  NO

Are you a born-again Christian?  YES  NO

Email Address: \_\_\_\_\_ Are you interested in volunteering?  YES  NO

### **Mother/Guardian Information:**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_

Spouse's name if other than student's father: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Church you Attend: \_\_\_\_\_  None Are you a member?  YES  NO

Are you a born-again Christian?  YES  NO

Email Address: \_\_\_\_\_ Are you interested in volunteering?  YES  NO

### **Emergency/Pick-up Information**

Please list at least two(2) adults (friends, relatives, or neighbors) that are authorized to remove your child from campus and mark those that should be used as an emergency contact if parents are unavailable.

1. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact  NO  YES If YES, provide phone # (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact  NO  YES If YES, provide phone # (\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Contact  NO  YES If YES, provide phone # (\_\_\_\_\_) \_\_\_\_\_

Use separate sheet of paper if you need more room.

# **2010-2011 K3-K4 AGREEMENTS AND WAIVERS**

Please read carefully before signing!

## **Parent Orientation Agreement**

I understand that it is required that at least one parent attend the Parent Orientation at the beginning of each school year.

## **Privacy Statement**

I understand the all information collected within this application is solely for use at FCCS and that FCCS will not share or release this information in any form without the sole written release of the parent/guardian.

## **Statement of Cooperation**

In making application for my child it is my desire to have him/her complete the 2010-2011 school year. I also give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. I agree that lawsuits between Believers are prohibited by Scripture and agree to submit to binding arbitration any matters that cannot be otherwise resolved.

## **Medical Treatment Release**

In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the student's medical information of this application and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary and I will not hold the school financially liable for my child's care.

## **Financial Agreement**

I understand that the Registration Fee is required for my child's enrollment in First Coast Christian Pre-School/Extended Care and is non-refundable. I agree to pay the tuition and fees listed in the school's financial brochure and I understand that tuition and fees are charged on a weekly basis. I understand that I must pay on the first day of the week, regardless of the number of days my child is in attendance. I also understand that should my account become delinquent, my child's enrollment may be terminated until the account is current.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Social Security Number (required)

\_\_\_\_\_  
Social Security Number (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Before & After School Care**

I need to register for Before/After School Care. I will need to enroll in the following program: (Check all that apply)

Before School Care available (6:45 am to 7:50 am)

After School Care available (11:15 pm to 6:00 pm)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date