

Indiana Christian Academy

Pre-school Center Information Card

Date _____ Mo. Day Yr.
<input type="checkbox"/> ½ Day Program 8:00 am - 11:00am
<input type="checkbox"/> Full Day Program 6:30 am - 5:30 pm

Grade: K3 K4
Child's Name _____ Male Female
Last First Middle
Address _____ Phone _____
City _____ Zip Code _____
Age Month _____ Day _____ Year _____
E-mail Address _____

Guardian Parent: Mother & Father Mother Father Marital Status: Married Divorced Remarried
Father's Name _____ Cell # _____ Emplr _____ Ph _____
Mother's Name _____ Cell # _____ Emplr _____ Ph _____

Names of persons authorized to take child from the Pre-School Center:
Name _____ Relationship _____ Phone _____ Cell # _____
Name _____ Relationship _____ Phone _____ Cell # _____
Name _____ Relationship _____ Phone _____ Cell # _____

Insurance Co. _____ Policy # _____

Explain any difficulty which child may have physically _____

Additional information that would be helpful to teacher _____

Church You Now Attend _____

STATEMENT OF CO-OPERATION

In making application for my child it is my desire to have him complete the school year 20____-20____. It is my understanding that the policy for the school is to make no refunds on registration fees. I also absolve the school from liability to me or my child because of any injury to my child while at school.

PARENT'S SIGNATURE _____