

PRESCHOOL APPLICATION FOR STUDENT ADMISSION



faithbaptist
PRESCHOOL & ACADEMY

20__ - 20__

Student Information

Last Name: _____

First Name: _____ MI: _____

Preferred Name: _____

Desired Start Date: _____

Grade Entering: _____

Attending days: Mon Tue Wed Thurs Fri

Arrival time: _____ A.M. Departure time: _____ P.M.

Potty-trained: Y N Does he/she wear a pull-up at nap?: Y N

Date of Birth: _____ Age (as of Sept. 1st): _____

SSN: _____ Gender: Male Female

Has your child ever attended school before?: Y N

If yes where/when: _____

Church Affiliation: _____

Pastor's Name: _____

Medical Emergency Information

Food Allergies: _____

Environmental Allergies: _____

Medical Conditions: _____

Special Needs/Instructions: _____

Other than parents

Emergency Contact: _____

Phone #: _____

Relation: _____

Emergency Contact: _____

Phone #: _____

Relation: _____

Father's Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Email: _____

Cell #: _____ Text: Y N Emergency Contact: Y N Authorized to pick up: Y N

Church Affiliation: _____ (if different from above) Lives with Student: Y N

Marital Status: Married Remarried* Divorced/Separated* Single* Widow *Please complete Secondary Family Information if applicable.

Mother's Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Email: _____

Cell #: _____ Text: Y N Emergency Contact: Y N Authorized to pick up: Y N

Church Affiliation: _____ (if different from above) Lives with Student: Y N

Marital Status: Married Remarried* Divorced/Separated* Single* Widow *Please complete Secondary Family Information if applicable.

Additional Information

How did you hear about FBA?: Friend _____ Drive by _____ Church _____ Internet _____ Ad _____ Other _____

Why do you desire to enroll your student?: _____

Does student struggle academically and/or have any disciplinary problems (if yes, please explain): _____

Has student ever been suspended/dismissed from school/daycare?: _____

Name and address of school student is attending or the last school in which student was enrolled: _____

Reason for leaving the above mentioned school: _____

Please list any other information that would be beneficial for our school staff to know about your child: _____

Secondary Family Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Email: _____

Cell #: _____ Text: Y N Emergency Contact: Y N Authorized to pick up: Y N

Church Affiliation: _____ (if different from above) Lives with Student: Y N

Marital Status: Married Remarried* Divorced/Separated* Single* Widow *Please complete Secondary Family Information if applicable.

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Email: _____

Cell #: _____ Text: Y N Emergency Contact: Y N Authorized to pick up: Y N

Church Affiliation: _____ (if different from above) Lives with Student: Y N

Marital Status: Married Remarried* Divorced/Separated* Single* Widow *Please complete Secondary Family Information if applicable.

Additional Documentation Required

1. Copy of Birth Certificate
2. Student Health Exam (DH 3040 - original)
3. Florida Certificate of Immunization (DH 680 - original)

If you have any questions regarding the application or tuition and fees, please contact the school office at 813-907-9462.

Application Completed by: _____ Application Date: _____