



# Pecan Street CHRISTIAN SCHOOL

## Student Enrollment

Please Fill out **all** information completely.

Date \_\_\_\_\_

### Child Information

Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Sept. 1<sup>st</sup> \_\_\_\_\_ yrs. \_\_\_\_\_ months Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Address \_\_\_\_\_

(If different from mailing address)

All children ages 4 and up must be fully potty trained to attend.

If your child is under 4 are they ( ) Potty Trained ( ) In Pull-ups (if over 2) ( ) In Diapers (2 & under)

Living Arrangement: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

### Parent Information

Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

#### **Guardian 1**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

#### **Guardian 2**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### Adults Authorized to Pick-Up (\*\*must have Driver's License Number on file to pick up)

**Other than Parents/Guardians listed above ONLY those listed will be allowed to pick up your child.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

\_\_\_\_\_ Current Student \_\_\_\_\_ Sibling \_\_\_\_\_ PFUMC Member \_\_\_\_\_ New Student

**Siblings**

Names and Dates of birth \_\_\_\_\_

**Medical/Emergency Information**

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the Pecan Street Christian School staff to transport my child to:

**Family Doctor**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**Local Emergency Contact (Able to pick up child if parents/guardians cannot be reached)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child's Medical Information**

Does your child have any special needs we should be aware of such as disabilities, existing illness, previous serious illness or injuries, hospitalizations during the past 12 months or any medication prescribed for long-term continuous use? ( ) Yes ( ) No

If yes, specify: \_\_\_\_\_

Are there special instructions or things we should know in caring for your child? ( ) Yes ( ) No

If yes, specify: \_\_\_\_\_

**Allergies**

Does your child have allergies (insect, seasonal, medications, foods, etc.)? ( ) Yes ( ) No

If yes, specify: \_\_\_\_\_

Allergic reaction that occurs when any listed foods are ingested:

Please note that a doctor's allergy action plan will be required for all food allergies, as well as, any allergies with serious reaction. Does your child have an epinephrine auto-injector? ( ) Yes ( ) No

My child had been examined by a health care professional within the past 12 months and is able to participate in the Pecan Street Christian School program. I will obtain a health care professional's signed statement and will submit it to the school office. I understand that my child may not attend classes until I provide current immunization records. Children 4 years and older must also have a copy of vision & hearing screening results on file. Permission is granted to secure any and all necessary medical care for my child in case of emergency at my expense.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of church presently attending \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_