

# PLAZA HEIGHTS CHRISTIAN ACADEMY

## PRE-K AND PRESCHOOL

### Enrollment Form for 2008-2009

Thank you for applying to Plaza Heights Christian Academy Preschool.

Please include a copy of the child's State Certified Birth Certificate and up-to-date Immunization Records when submitting this application to the school office.

Child's Full Name \_\_\_\_\_

Name child goes by \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Boy / Girl

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Church Membership \_\_\_\_\_

Please mark your preference (Preschool students must be 3 by 8/1/08 – Pre-K students must be 4 by 8/1/08):

- 2 day Preschool T/Th AM       2 day Preschool T/Th PM       2 day Preschool W/F Mid-Day  
 3 day Preschool M/T/Th AM       3 day Preschool M/T/Th PM  
 3 day Pre-K M/T/Th AM       3 day Pre-K M/T/Th PM       2 day Pre-K W/F Mid-Day

Is Extended Session needed?   NO    YES    If yes, mark days and times you need (extra charges apply)

\$10 a day	Monday	Tuesday	Thursday
8:30 a.m. – 12:30 a.m.			
11:30 p.m. – 3:30 p.m.			

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Does your child have any condition of which we need to be aware? \_\_\_\_\_

\_\_\_\_\_ Allergies? \_\_\_\_\_

- Please mark all that apply:    Lives with both parents     Parents are divorced     Mother deceased  
 Lives with father     Parents are separated     Lives with mother     Father deceased

Describe any unusual home or custody situation: \_\_\_\_\_

\_\_\_\_\_

#### Office Use Only

Date Rec'd \_\_\_\_\_ Enrollment Fee Paid \_\_\_\_\_ Sibling of Current Student \_\_\_\_\_ Member of PHBC \_\_\_\_\_  
Tuition Management Fee Paid \_\_\_\_\_ Activity Fee Paid \_\_\_\_\_

Has your child been diagnosed (please check):  ADD  LD  BD  ADHD  SD

Please describe any special health or learning needs your child has: \_\_\_\_\_

How did you hear about us:  Friend (name) \_\_\_\_\_  Newspaper  Mailing  
 Yellow Pages  Sign  Mailing  Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City and Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

### **FIELD TRIP PERMISSION**

I understand that special trips are planned for the children away from the school throughout the year. I am aware that they will be carefully arranged and supervised by an adequate number of adults. I give my permission for my child to go on these scheduled field trips.

\_\_\_\_\_  
Parent's Signature

### **PUBLICITY PERMISSION**

I do give permission for my child, \_\_\_\_\_, to be photographed for purposes of display in, but not limited to, the following: school publications, newspapers, bulletin boards, yearbook, and the PHCA website.

I do NOT give permission for my child, \_\_\_\_\_, to be photographed for purposes of display in, but not limited to, the following: school publications, newspapers, bulletin boards, yearbook, and the PHCA website.

\_\_\_\_\_  
Parent's Signature