

Soaring Eagles Christian Academy

Before & After School and Summer Camp

APPLICATION FOR ENROLLMENT

**A Birth Certificate and S.C. DHEC immunization form must be on file before any child can be enrolled.*

Child's Name: _____ Sex _____ Birthdate __/__/__

Address _____

Home Telephone _____ Church affiliation: _____

Name of Mother or Guardian _____

Work Telephone: _____ Occupation: _____

Cell Phone #: _____ Mother living in the home? _____

Name of Father or Guardian _____

Work Telephone: _____ Occupation: _____

Cell Phone #: _____ Father living in the home? _____

Marital Status of Parents: _____

Custody-Visiting Arrangements _____

Names and ages of other children or adults living in the home: _____

Has your child ever been asked to leave another child care facility because of behavior or non-payment of fees?

____ Yes ____ No If yes, please explain: _____

Does your child have any health problems that we should be aware of? _____

Please explain: _____

Are there any foods or drinks that your child should not have? _____

List all major or reoccurring illnesses your child has had: _____

Has your child had any serious accidents or operations? _____

If so, please describe: _____

Does your child have any allergies? _____

If so, please describe: _____

Does your child take any regular medication? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? _____

What are your child's favorite activities? _____

Family Code Word: _____

Persons authorized to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Persons to be notified in case of emergency if we are unable to reach you:

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Child's Physician _____ Phone #: _____

Dentist _____ Phone #: _____

Emergency Hospital Preference: _____

I _____ do _____ do not give my permission for my child to ride in the school authorized vehicle to and from field trips and to and from another school if necessary for early and late stay attendance.

I understand that the children are supervised at all times and that every precaution is taken to prevent accidents. I relieve Soaring Eagles Christian Academy and its staff of any liability in the event of an accident or injury. I fully understand that SECA will not be responsible for any medical expense resulting from accidental injuries to my child.

Parent's Signature

Date

If the parents or emergency contact persons are unavailable, I hereby give permission to our family physician to hospitalize, secure proper treatment, anesthetize, or perform surgery on my child, if necessary, at my expense.

Parent's Signature

Date

I understand that if my child should become disruptive, abusive, disrespectful to authority figures or rules he/she may be dismissed to preserve the integrity of the After School Program. As a parent, I am willing to meet with the Administrator and my child's teacher to discuss and correct inappropriate behavior.

Parent's Signature

Date