

Rev 2023



a mission of College Avenue Church of Christ

Class (Circle one): K3 K4 Regular pre-school hours are 8:00 a.m.-12:00 noon

Hourly extended care? yes no Full-Time extended care? yes no

Child's Name

Gender: Male Female Date of Birth:

Address street city zip

Contact e-mail address(es)

Best Number for Automatic Calling

Mother's Name

Address street city zip

Place of Employment Home phone #

Work phone # Cell phone #

Father's Name

Address street city zip

Place of Employment Home phone #

Work phone # Cell phone #

Child lives with: Both parents Father Mother Other

If child lives with a custodial parent, does the non-custodial parent have authorization to pick up the child?

Yes No

Church Affiliation

List siblings and their ages:

Is your child toilet trained? Describe assistance needed and words used.

To attend WCA, students must be fully toilet trained. If a child habitually has bathroom accidents after enrolling, the child will be disenrolled until they are fully toilet trained. Tuition must continue to be paid during the period of disenrollment in order to continue holding your child's spot.

Does your child have any special fears? \_\_\_\_\_

\_\_\_\_\_

Does your child have any problems with vision or hearing? \_\_\_\_\_ If so, 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? \_\_\_\_\_

\_\_\_\_\_

What does your child usually eat for breakfast? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

\_\_\_\_\_

Is any language other than English used in the home? If so, please describe.

\_\_\_\_\_

List illnesses your child has had \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ earaches? \_\_\_\_\_ sore throats? \_\_\_\_\_

stomach aches? \_\_\_\_\_ fevers? \_\_\_\_\_

Has your child had any serious accidents or operations? \_\_\_\_\_ If so, please describe.

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Please describe. \_\_\_\_\_

\_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_

When did your child last see a doctor? \_\_\_\_\_ Dentist? \_\_\_\_\_

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

\_\_\_\_\_

How much television does your child generally watch each day? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Are there neighborhood playmates? \_\_\_\_\_ If so, what ages? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

Please circle items below that describe your child...

Happy                      Aggressive                      Friendly                      Moody                      Clumsy

Dependent                      Stubborn                      Impulsive                      Fearful                      Quiet

Good-natured                      Even-tempered                      Attentive                      Sympathetic                      Shy

Sleepy                      Other: \_\_\_\_\_

Has your child learned to...?

Listen to stories? \_\_\_\_\_ Say his or her name? \_\_\_\_\_

State his or her age and sex? \_\_\_\_\_ Dress self independently? \_\_\_\_\_

Recognize and name common objects? \_\_\_\_\_

Count? \_\_\_\_\_ How far? \_\_\_\_\_

Follow simple directions? \_\_\_\_\_ Throw and catch a ball? \_\_\_\_\_

Name basic colors? \_\_\_\_\_ Hop on one foot? \_\_\_\_\_

Balance on one foot? \_\_\_\_\_ Ride a tricycle? \_\_\_\_\_

Write name? \_\_\_\_\_ Draw a person? \_\_\_\_\_

Has your child gone to preschool or daycare before? \_\_\_\_\_

Please describe previous experiences. \_\_\_\_\_

What do you hope will be included in your child's preschool program? \_\_\_\_\_

Corporal punishment (paddling) is a Biblical principal (Proverbs 13:24, Proverbs 22:15, Proverbs 23:13-14) and can be an effective deterrent to unwanted behavior. In determining whether to use corporal punishment, the following considerations will be taken into account: the seriousness of the offense, the attitude and behavior history of the student, and the availability of equally effective non-physical means of discipline. Corporal punishment will be administered by the Administrator with one adult witness present. If you do not wish for your child to receive corporal punishment, you understand that a parent may be called to administer punishment and/or pick up the student. Please *initial* below to indicate your choice:

**Initial choice:**

\_\_\_\_\_ Yes, my child(ren) **may** receive corporal punishment when deemed warranted by the administrator.

\_\_\_\_\_ No, my child(ren) **may not** receive corporal punishment. I understand I may be called to administer punishment and/or pick up my child from school if the administrator deems it necessary.

### Emergency Information

Persons authorized to pick up your child (include parents):

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

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

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

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

**If both parents are not authorized to pick up the child, please provide a copy of the divorce decree and/or custodial agreement prohibiting the unauthorized parent from picking up the child.**

Persons to be notified in case of emergency if parents cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

School may obtain medical assistance if parent or emergency contact is unavailable:    Y    N

School may release contact information to College Avenue Church for outreach purposes:    Y    N

How did you hear about us? \_\_\_\_\_

**I understand that the registration fee is non-refundable, and I agree to pay fees and accounts when due. If book fees are not paid by the end of June, my child's spot may be forfeited and the registration fee will NOT be refunded.**

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

XXX

- |  |                                 |
|--|---------------------------------|
| Office use: Registration fee receipted _____ | Permission form signed _____    |
| Certificate of immunization _____            | Copy of birth certificate _____ |
| DHR form _____                               | Photo release _____             |
| Book fee _____                               |                                 |



**PHOTO AND VIDEO RELEASE FORM**

I, \_\_\_\_\_, as parent or legal guardian of

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

**(Check One)**

- Grant my permission
- Withhold my permission

for Wiregrass Christian Academy to take photographs or record a video of my child during daily and/or special activities of the school. **Such photos may be placed on school bulletin boards, used in the end-of-year slide show, included on the WCA web site and Facebook page, and used in local cable television and newspaper advertisements and articles.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# THIS FORM MUST BE NOTARIZED

SECTION 2. FORM OF AFFIDAVIT (for parent/ guardian)  
STATE OF ALABAMA  
COUNTY OF: Coffee

Before me, a Notary Republic in and for said State and County, appeared

\_\_\_\_\_ and is known to me, after being duly

Parent Name

sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

\_\_\_\_\_ ; that affiant has been notified by

Sandra Turner, a representative of Wiregrass Christian Academy, that said

school has filed notice and is exempt under law from regulation by the

Department of Human Resources.

\_\_\_\_\_ Parent/Legal Guardian Signature

Sworn, or affirmed to and subscribed before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_