

For Office Use Only

Grade Entering _____
Evaluation Needed _____
Date Registered _____
Method of Pmt. _____

FAITH CHRISTIAN SCHOOL

A Ministry of Faith Baptist Church
6950 Royal Palm Blvd., Margate, FL 33063
Phone: 954-974-2404

For office Use Only

___ Statement of Cooperation-Signed
___ Recom. Form ___ Record Request
___ HRS 3040 ___ HRS 680
___ Birth Certif. ___ Soc. Sec. Card
___ Interview Needed ___ Pastor Ref.

2009-2010 APPLICATION * EMERGENCY INFORMATION FORM

Complete this entire form, front & back. Use Black Ink * Print Clearly.

Your check & signed Statement of Cooperation Form (Back of this form) *must* accompany application.

Child must be pre-registered for Pre-Care or Ext. Care in order to reserve their spaces.

Any child arriving on campus before 7:45 AM or remaining on campus after dismissal time will be charged accordingly.

___ **Pre-Care 7:00-7:45 AM** ___ **Preschool & Half Day Kinder. (Noon-6:00 PM)**
___ **1st-12th Gr. (until 6:00 PM)**

Student's Name _____ Grade _____
Entering _____ Gender _____ Birthdate _____ Age _____
Father's Name _____ W. Phone (____)
_____ Ext. _____ Name of Firm _____
Father's Occupation/Title _____ Length of time there? _____ Dad's Cell
(____) _____
Mother's Name _____ W. Phone (____)
_____ Ext. _____ Name of Firm _____
Mother's Occupation/Title _____ Length of time there? _____ Mom's Cell
(____) _____
Home Address _____ Apt. _____ City _____ S
tate _____ ZIP _____
Home Phone (____) _____ Is child a US citizen? _____ If not, what
country? _____ Race _____
Who has legal custody? _____ Parents' Marital Status: ___ Married ___ Divorced

Separated Widowed Single

Your Church's

name _____ City _____ Pastor's
name _____

We attend church: Weekly Once a month Occas. Never. How long have you
been at that church? _____

List of names and cities of all previous day cares and schools:

Preschools/Day

Care _____ City _____ State _____ Length of
time there? _____

Elementary

Schools _____ City _____ State _____ Length of
time there? _____

Middle

Schools _____ City _____ State _____ Leng
th of time there? _____

High

Schools _____ City _____ State _____ Leng
th of time there? _____

**Has student ever been suspended? _____ Expelled? _____ or been asked to withdraw from
any school? _____**

Has student ever repeated a grade? _____ or Skipped a grade? _____ If so, what grade?

Why did you leave your child's previous school?

Why do you want your child to attend FCS?

How did you FIRST hear about our school? (Website, Word of Mouth, Our sign, etc.)

Is your child on medication? _____ Name of
Medicine _____ Reason _____

Disabilities or physical conditions _____ Past
Illnesses _____

Is your child right or left handed? _____ Is he/she hearing impaired? _____ Do they wear
glasses? _____

Child's allergies _____ Reaction _____ Action to
take _____

Doctor's name _____ Ph. (_____) _____ Dentist's
name _____ Ph. (_____) _____

I give FCS permission to give my child Acetaminophen for (Reasons)

**Benadryl for rashes or insect bites Use peroxide Antibacterial ointment
for cuts/scrapes**

Notes: _____

Please list other children living with your family

Name _____ Age _____ Grade _____ School

Attending _____

Name _____ Age _____ Grade _____ School

Attending _____

**LIST PERSONS PERMITTED TO REMOVE YOUR CHILD FROM SCHOOL & TO CALL IN
CASE OF EMERGENCY**

(If one parent is NOT permitted to pick up your child, a copy of the court order must accompany this application.)

Father: **Yes** **No** **Mother** **Yes** **No** **Password:** _____
(This is required by FCS & HRS)

Name _____ Relationship to child _____ Phone H.
(____) _____ or _____

Name _____ Relationship to child _____ Phone H.
(____) _____ or _____

Name _____ Relationship to child _____ Phone H.
(____) _____ or _____

Name _____ Relationship to child _____ Phone H.
(____) _____ or _____