

School Year \_\_\_\_\_

Full Time daycare (Y) (N)

# Southland Christian Academy Student Enrollment

Student's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ carried by (mom) (dad)  
(Area Code) (Area Code)

E-Mail Address: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Age at Enrollment: \_\_\_\_ Sex: M F  
Month/Day/Year City, State

Previous School: \_\_\_\_\_  
Name Address City State Zip

## HEALTH

General description of health: \_\_\_\_\_

Medication taken on a regular basis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dr.'s Address: \_\_\_\_\_

Street City

## FAMILY

Mother's Name: \_\_\_\_\_  
First Last (if different from child's) Social Security number

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name Address City Zip (Area Code) and ext.

Father's Name: \_\_\_\_\_  
First Last (if different from child's) Social Security number

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name Address City Zip (Area Code) and ext.

Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Other

If divorced or separated, does other parent have rights or constraints other than normal visitation? \_\_\_\_\_

## SOCIAL

Typical behavior when angry: \_\_\_\_\_

Siblings (Names and ages): \_\_\_\_\_

Has child had behavior problems at previous school? If so, please explain. \_\_\_\_\_

Has any special testing been recommended or given at a previous school for any reason? \_\_\_\_\_

Denomination or church affiliation \_\_\_\_\_ Church attending \_\_\_\_\_ City \_\_\_\_\_

Pastor's name or other reference from the church \_\_\_\_\_

Is your family active at church? \_\_\_\_\_ Church attendance is ( ) faithful ( ) Occasional ( ) Rare

**RELEASE AUTHORIZATION: I give permission for my child to be released to the following individuals:**

_____	_____	_____
Name	Relationship to child	(Area Code) Phone
_____	_____	_____
Name	Relationship to child	(Area Code) Phone
_____	_____	_____
Name	Relationship to child	(Area Code) Phone
_____	_____	_____
Name	Relationship to child	(Area Code) Phone
_____	_____	_____
Name	Relationship to child	(Area Code) Phone
<b>Out of state person to contact in the event of a major earthquake:</b>		
_____	_____	_____
Name	Relationship to child	(Area code) Phone

**EMERGENCY INFORMATION: I give the following adults authorization to grant emergency treatment for my child:**

_____	_____	_____
Name	Relationship to child	(Area code) Phone
_____	_____	_____
Name	Relationship to child	(Area code) Phone
_____	_____	_____
Name	Relationship to child	(Area code) Phone

**AGREEMENTS AND AUTHORIZATIONS**

1. I have received, read, and understand the SCA Parent Handbook and agree to comply with all policies and procedures contained therein, and with other school policies that may not be listed therein.
2. I authorize my child to participate in school sponsored field trips including off-campus activities.
3. I understand the tuition policies and accept the financial responsibilities for tuition charged and give the School permission to check my credit history. I understand if tuition is not paid on time my child will be disenrolled (h,pg15-17). I agree to SCA's discipline and correction policies (h,pg.12) and expectations of parent and home environment (h,pg. 5)
4. I authorize the administration of any needed First Aid or any needed emergency treatment to my child.
5. I understand that the success of my child requires my active involvement in weekly monitoring his/her academic work, communication of concerns with his/her teacher, and follow through with assigned homework or suggested supplemental work. I further understand that no promise or guarantee has been provided or implied as to the level of academic proficiency that my student will achieve.
6. My child will be 5 years old on or before December 2<sup>nd</sup> to enroll in Kindergarten, and one additional year of age on or before December 2<sup>nd</sup> for enrolling in succeeding grades. Proof of age may be required.
7. I understand that it is my responsibility to provide the School a complete, up-to-date *California School Immunization Record (H.pg 19)*. I will provide the School with a completed *Report of Health Examination for School Entry (Form PM 171a)* on or before the beginning of First Grade.
8. SCA believes that the Bible commands us to make every effort to live in peace and resolve disputes with each other in private or by using resources within the Christian community. Therefore, I agree that, if necessary, any controversy or claim arising out of this agreement shall be resolved with the assistance of the Christian Conciliation Service, through mediation, or as a last resort, through binding legal arbitration. I agree that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and all aspects of the attendance of my child at the Center, and expressly waive my right to file a lawsuit against the Center in any civil court for such disputes, except to enforce a legally binding arbitration decision.

**BY SIGNING THIS ENROLLMENT FORM, I ACCEPT THE AGREEMENTS AND AUTHORIZATIONS LISTED ABOVE.**

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date