



Faith Christian Academy

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Wes Clark - Administrator

Josh Grubbs - Senior Pastor

Pre-school Application

Pre-school class you are applying for: _____ Date: _____

Name of Student: _____
Last First Middle

Name student prefers to be called: _____, SS# _____

Physical Address: _____

Mailing Address: _____

Home Phone # _____ Other Phone # _____

Emergency Contact: _____ Phone # _____

Date of Birth _____ Sex _____ U.S. Citizen? _____

(If no, immigration status is required to be on file.)

Father's Name _____ Employer _____

Work Phone # _____ Cell Phone # _____

Email Address _____

Mother's Name _____ Employer _____

Work Phone # _____ Cell Phone # _____

Email Address _____

Who is legal guardian of student? _____

Siblings enrolled at F.C.A. _____ Age(s) _____

Church attending _____ Pastor _____

A Ministry of Faith Baptist Tabernacle

For School Office Use Only

Reg. _____ Books _____ Half Day _____ Full Day _____ Birth Certificate _____ Shot Record _____

Student Information

Child's Name _____ D.O.B. _____

Nickname _____

Medical History:

List any known allergies: _____

List any medications: _____

Child's basic health: Excellent _____ Good _____ Fair _____ Poor _____

Are there any physical limitations? Yes _____ No _____ (If yes please give a brief description): _____

Date of last physical examination: _____ Date of last tetanus _____ Date of last TB test _____

(Copy of current shot record must accompany this application)

Insurance Company: _____ Policy # _____

Developmental Health History

PHYSICAL HEALTH

What health problems has your child had in the past? _____

What health problems does your child have now? _____

OTHER THAN WHAT YOU LISTED ABOVE:

Does your child have any allergies? If so to what? _____

How severe? _____

Does your child take any medicine regularly? If so, what? _____

Has your child ever been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

_____ asthma _____ cerebral palsy _____ development delay

_____diabetes _____frequent earaches _____hemophilia
_____seizure disorder other_____

If medically diagnosed, what is the name, address and phone # of the doctor who diagnosed the illness or health problem

DEVELOPMENT (compared to other children this age)

Does your child have any problems with talking or making sounds? Please explain. _____

Does your child have any problems with walking, running, or moving? Please explain. _____

Does your child have any problems seeing? Please explain. _____

Does your child have any problems hearing? Please explain. _____

Does your child have any problems using her or his hands (such as with puzzles, small building pieces, etc.)? Please explain _____

DAILY LIVING

What is your child's typical eating pattern?

Write N/A (non-applicable) if you child is too young for the following questions to apply.

What foods does your child like? _____

Dislike? _____

How well does your child use table utensils (cup, fork, spoon)? _____

How does your child indicate bathroom needs? Word(s) for urination: _____

Word(s) for bowel movement: _____
Special words for body parts: _____

What are your child's regular bladder and bowel patterns? Do you want us to follow a particular plan for toileting? _____

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). _____

What is your child's regular sleeping patterns?
Awakes at _____ Naps at _____ Goes to bed at _____

What help does your child need to get dressed? _____

SOCIAL RELATIONSHIPS / PLAY

What ages are your child's most frequent playmates? _____

Is your child friendly? _____ aggressive? _____ shy? _____ withdrawn? _____

Does your child play well alone? _____

What is your child's favorite toy? _____

Is your child frightened by (circle all that apply) Animals, Rough Children, Loud noises, The Dark, Storms, other _____

Who does most of the disciplining? _____

What is the best way to discipline your child, EXCLUDING physical punishment?

With which adults does your child have frequent contact? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll, etc.)?

Is there any other information that you wish to share that would assist in meeting your child's needs? _____

Parent's Signature _____
Date _____

Students Name: _____

We are required by law to have on file for each child at Faith Christian Academy a list designating adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. If your child is being picked up by someone on the list and that person does not on a regular basis, PLEASE send a note or call the school. If an emergency is to arise and you need someone who is not on the list pick up your child, you MUST send a note or call. This person will be required to show identification.

I have read the above information and have designated the following to pick up my child.

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____

The above person may pick up my child:

_____ Only when I call and give permission first.

_____ At any time.

Legal Custody

Please be aware that in the case of legal divorce, we must have a copy of legal custody documents in the child's file in order to keep a parent from picking up his/her child. Please indicate below if this is the case and provide us with the legal documents.

_____ does not have permission to pick up my child. I have provided legal documents to this effect.

Signature of Legal Guardian

Date

Statement of Cooperation

Children are much happier when boundaries are established, for it is within boundaries that children learn respect and obedience. I agree to help enforce the boundaries set in the classroom, and I will take disciplinary actions at home if any continuing problems should arise. I also agree to support the educational standards of this school by helping my child at home when needed. As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child.

My signature also is verification that I have received a copy of the Tennessee Department of Education Summary of Childcare Approval requirements.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Note: It is understood that Faith Christian Academy has the right to accept or reject a student as it deems advisable.

FCA School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the building's main office.

Student's Name: _____ Birth Date: _____
Address: _____ Home
Phone: _____ Emergency Phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN:

Physician's printed name: _____ Office
Address: _____ Office
Phone: _____ Emergency phone: _____ Medication
Name: _____
Purpose: _____
Dosage: _____ Frequency: _____ Time
medication is to be administered or under what circumstances:

Prescription Date: _____ Order date: _____ Discontinuation Date: _____
Diagnosis requiring medication: _____ Is it
necessary for this medication to be administered during the school day? Yes No Expected side effects,
if any: _____ Time interval for re-
evaluation: _____ Other medications student
is receiving: _____

_____ Physician's signature Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen®:

I authorize Faith Christian Academy and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property.

If you agree, please initial: _____ Parent(s)/guardian(s) For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Faith Christian Academy and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the school District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication. In the event that my child needs over the counter medication (Ibuprofen, Acetaminophen, Diphenhydramine, Antibiotic Ointment, Antihistamine Cream) they will come to the front office, the parent will be contacted, and permission will be obtained before it can be administered. No medication will be administered without consent regardless of age. Any medication administered will be documented for time, dosage, and purpose.

_____ Parent/Guardian printed name

_____ Parent/Guardian signature* Date

* Both parents and/or guardians, if available, should sign.

_____ Parent/Guardian printed name

_____ Parent/Guardian signature* Date