

TRUTH CHRISTIAN ACADEMY ENROLLMENT APPLICATION

Information about child

Child's full name _____

Date of birth ___/___/___ Social Security #: _____ - _____ - _____

Name of family doctor _____

Age of saying intelligible words _____ of walking alone _____ Is appetite normal? _____

Diseases child has had _____

Extended illnesses child has had _____

Serious accidents or operations child has had _____

Allergies or allergic reactions _____

Hours of sleep child gets _____

Entering grade _____ from which school? _____

Does this child have a learning disability, physical handicap, or other special needs? _____

If yes, explain. _____

Have there been problems with this child's social relationships at home or at school? _____

If yes, explain. _____

Father's name _____ Father's occupation _____

Mother's name _____ Mother's occupation _____

Does child live with both parents? _____ If no, which parent has custody? _____

Home address _____ Phone _____

In case of emergency, contact: _____ phone _____

Please list child's siblings and year of birth?

Other information

How did you learn of Truth Christian Academy? _____

Why do you wish to send your child(ren) to Truth Christian Academy? _____

Please bring child's immunization record with you when you return this form to the school.

Signed

Date