



2011-2012 APPLICATION FOR RE-ENROLLMENT

Kiddie Kampus

www.norwalkchristianacademy.com
Kiddie Kampus Pre-School
15108 Studebaker Road, Norwalk, CA 90650
(562) 863-3093



Non-Discriminatory Policy: It is the policy and practice of the NCA Kiddie Kampus Pre-school in the admission of students or in the hiring of employees not to discriminate on the basis of the applicant's race, color, sex, nationality or ethnic origin.

FOR OFFICE USE ONLY	
Date Received	_____
Registration	_____
Tuition	_____
Start Date	_____

STUDENT INFORMATION

FULL NAME _____ AGE _____ MALE _____ FEMALE _____

ADDRESS _____ PHONE _____

CITY _____ ZIP _____ SOCIAL SECURITY NO. _____
(OPTIONAL)

ANY OTHER NAME USED BY STUDENT _____

BIRTH DATE _____ BIRTH PLACE _____

PLEASE CHOOSE FROM THE FOLLOWING:

FULL DAY (6:30 a.m. TO 6:00 p.m.)

HALF DAY (8:00 a.m. to 12:00 p.m.)

5 DAYS PER WEEK _____ (M-F)

5 DAYS PER WEEK _____ (M-F)

3 DAYS PER WEEK _____ (M,W,F)

3 DAYS PER WEEK _____ (M,W,F)

2 DAYS PER WEEK _____ (T,TH)

2 DAYS PER WEEK _____ (T,TH)

FAMILY INFORMATION

FATHER/STEPFATHER _____ MOTHER/STEPSMOTHER _____

ADDRESS _____ ADDRESS _____
City Zip City Zip

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

PHONE () _____ PHONE () _____

E-MAIL _____ E-MAIL _____

CHILD LIVES WITH: MOTHER _____ FATHER _____ GUARDIAN _____ STEPPARENT _____

PARENTS ARE: MARRIED _____ DIVORCED _____ SEPARATED _____ REMARRIED _____

SIBLINGS ATTENDING ANY OF THE FAMILY FIRST RESOURCES MINISTRIES SCHOOLS

Name _____ Age _____ Grade _____ School Name _____

NAME OF PARENTS/GUARDIANS TO WHOM CORRESPONDENCE, REPORTS, AND NOTICES ARE TO BE SENT: (Please check one)

Mr. and Mrs. _____ Mr. _____ Mrs. _____ Ms. _____ Miss _____

NAME AND FULL ADDRESS OF PERSON FINANCIALLY RESPONSIBLE FOR ACCOUNT:

IS THERE ANY COURT ORDER IN EFFECT LIMITING THE PRESENCE OF, OR REMOVAL OF THE STUDENT BY ANY PERSON OR PERSONS DURING SCHOOL HOURS? _____, IF YES:

DATE _____ CASE NUMBER _____ (Please attach copy)

NAME OF THE CHURCH YOU ARE ATTENDING: _____

ARE YOU MEMBERS? _____ ATTEND REGULARLY? _____ OCCASIONALLY? _____

EMERGENCY CONTACTS: Please list persons, other than parent/guardian, in the order that you would like them called.

	<u>NAME</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

MEDICAL INFORMATION

I. MEDIC ALERT: (i.e. Diabetes; Epilepsy; Allergies)

1. _____
2. Current medication being taken: _____

II. PHYSICIAN: _____

Name Phone Address

Is your signature on file in this physician's office authorizing them to give emergency care to your child in your absence? _____ Yes _____ No

III. PERMISSION FOR TREATMENT:

I hereby give my consent for _____ to receive emergency medical treatment as may be considered necessary in the opinion of the attending paramedics or physician.

I HEREBY GIVE MY CONSENT TO THE FOLLOWING:

1. The administration has full discretion in the discipline of my child in accordance with School Board Policy, and with my full cooperation.
2. The administration has full authority for grade or classroom placement.
3. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
4. Fees are due and payable at the time of acceptance. The registration fee is **non** refundable.
5. I/We have received and agree to the Tuition and Fee Schedule.

POLICY REGARDING MORAL CONDUCT:

I understand the standards of NCA Kiddie Kampus Pre-school do not tolerate profanity, obscenity in word or action, dishonor to the Word of God or disrespect to the personnel of the school.

Failure of a student or parent to abide by this standard at school will result in disciplinary action. (i.e. student suspension) If the problem is not resolved, the parents and the student may be required to meet with the Principal to determine whether or not the student will be allowed to remain in the school.

PARENT/GUARDIAN SIGNATURE:

FATHER/GUARDIAN _____

MOTHER/GUARDIAN _____