



New Student Information

REGISTRATION FEES-

1 day/week: \$40, 2 days/week: \$60, 3 days/week: \$80, 4 days/week: \$100

Enclosed with this application is a yearly, non-refundable registration fee that reserves your child spot and covers processing of the application, all necessary books and supplies, and a yearbook.

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision. The school reserves the right to reverse an admission decision, even after acceptance and enrollment, if such information has been withheld from the school.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

STUDENT INFORMATION

Child's Full Name _____

Male _____ Female _____ Date of Birth _____ Age _____

Home Address _____ Apt# _____

City _____ State _____ Zip Code _____

Parent Phone _____ (best number to reach a parent)

Allergy or Health Alerts

Does the student take prescribed medication or need any special medical attention No ___ Yes ___

If so, explain: Condition _____ Medication _____

Previous Schools Attended (please give dates)

_____ Dates attended _____

Primary Language spoken at home _____ Additional languages _____

MEDICAL INFORMATION

Primary Insurance Information: _____

Policy Number: _____ Phone Number: _____

1. Physician' Name and Phone: _____

2. Dentists Name and Phone: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to Streamline Christian Academy to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for _____ (CHILDS NAME). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

PARENTS/ GUARDIANS INFORMATION

Student lives at the address above with:

____ Father ____ Mother ____ Step-parent ____ Other: _____

The student's parents are:

Married ____ Separated ____ Divorced ____ Widowed ____ Single ____

Father/Guardian Information

Name _____

Email _____

Home phone _____

Cell phone _____

Mother/Guardian Information

Name _____

Email _____

Home phone _____

Cell phone _____

Home address same as student N ___ Y ___

Home address same as student N ___ Y ___

Employer _____

Employer _____

Title _____

Title _____

Work phone _____

Work phone _____

EMERGENCY CONTACTS/PICK-UP AUTHORIZATIONS

Only authorized individuals will be allowed to take your child from school. Please list here any individuals (besides parents) that may be contacted in an emergency, and allowed to take the child from the facility.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

STUDENT INTERESTS

Has your child ever been evaluated for the following?

Learning Differences No ___ Yes ___

Behavioral Problems No ___ Yes ___

Psychiatric/Psychosocial Problems No ___ Yes ___

Visual/Hearing Problems No ___ Yes ___

Have there been any situations in the student's life that the school should know about in order to meet his/her learning or developmental needs? (changes in schools, death in family, divorce, etc.)

Explain: _____

Please list sports or extracurricular activities (Church groups, dance, music, etc.) in which the child currently participates in:

DEVELOPMENTAL HISTORY

Walked at _____ mos Began talking at _____ mos

Stage of toilet training:

___ Not yet

___ Interested in the potty (may enjoy trying or learning about the potty. May have gone on occasion with assistance. May also begin recognizing and verbalizing a dirty or wet diaper)

___ I'm learning (Is at the beginning stage of holding it and verbalizing that they need to use the potty. Many accidents still may happen)

___ Almost there (Can usually wait for routine bathroom times, knows how to verbalize the need to use the bathroom, however may have an accident still, especially while engaged in play)

___ Mastered! (Rarely has an accident, self-sufficient in the restroom)

Has your child had any of these specific illnesses? Circle all that apply and specify dates.

Chicken Pox	Asthma	Rheumatic Fever
Hay Fever	Diabetes	Epilepsy
Whooping cough	Mumps	Poliomyelitis
Measles (Rubeola)	Measles (Rubella)	Other (specify)

Child's Normal Sleep Times:

Asleep around: _____ pm

Awake around: _____ am. Wakes up on own? Or Wakes up by parent/alarm?

Naps from _____ to _____.

Child's Normal Dietary Routines:

Breakfast time: _____

Normal food eaten: _____

AM Snack? _____

Lunch time: _____

Normal food eaten: _____

PM Snack? _____

Dinner time: _____

Normal food eaten: _____

Is your child able to feed themselves? _____

Any eating problems? _____

Does your child drink a bottle or use a pacifier? _____

Parents Evaluation of child's personality _____

How does your child get along with other children? _____

Describe any special problems/fears/needs: _____

How did you hear about Streamline Christian Academy?

___ Social media website _____ (name of social media website)

___ Online search (Google, etc) _____ (name of search engine)

___ Friend, family or colleague referral _____ (name of referring family)

___ Attended an event _____ (name of event)

___ Other _____ (please explain)