



— FIRST BAPTIST —
CHRISTIAN ACADEMY



Application for Enrollment
2026-2027

STUDENT INFORMATION

Date: _____ Grade Entering: _____ Before Care: _____ After Care: _____

Student's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Address: _____

Previous School/Daycare: _____ Reason for leaving: _____

FAMILY INFORMATION

Person who is responsible for statement: _____

Mr. _____
Last First Middle Initial Relationship to Student

Address: _____

Email: _____ Cellphone: _____

Marital Status: Married: _____ Divorced Widowed Separated
Spouse

Employer: _____ Workphone: _____

Mrs. _____
Last First Middle Initial Relationship to Student

Address: _____

Email: _____ Cellphone: _____

Marital Status: Married: _____ Divorced Widowed Separated
Spouse

Employer: _____ Workphone: _____

Name and grade of other students enrolled or enrolling at FBCA:

Name: _____ Grade: _____

Name: _____ Grade: _____

EMERGENCY CONTACT: (notified in case of emergency or able to pick up student if parents are not available)

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

MEDICAL

Student's Physician: _____ Phone: _____

Does student have any allergies? No _____ Yes _____ List Allergies: _____

List any physical, developmental, social or medical concerns: _____

Every precaution will be taken inside and out in play and learning. The Church/Academy cannot assume responsibility for injuries if such should occur. The Parent/Guardian of the listed student authorizes First Baptist Christian Academy to obtain medical care in the event of an injury and the Paren/Guardian cannot be located.

Signature: _____

Insurance Name: _____

Policy #: _____

Include any information that may be helpful to the teacher: _____

Were you referred to FBCA by someone? If yes, who: _____

FOR NEW STUDENTS, enrollment will not be complete, nor will the student be allowed to begin classes until all the items listed below have been received and application processed by the school office.

- Completed enrollment form.
- Enrollment non-refundable fee.
- Copy of immunization record must be up to date for attendance or an exempt card.
- Copy of birth certificate.
- Social Security Card.
- Completed medical form due prior to first day of attendance. **(PreK3 – Kindergarten ONLY)**

If any of the above information changes during the school year, please contact your student's teacher so we can keep our information current.

Office	Received _____	Interview _____
use	Birth Cert. _____	SS Card: _____ Immuniz. Record: _____
only	Enroll. Fee: _____	Cash/Check# _____