School Year ____________________

Eastside Christian Academy

Returning Student Application

Student's Full Name: ____

Grade Entering Fall: ____________________ Date of Birth: ______________________________

Registering for the Following Program: (Please circle)

Full Time Pre-Kindergarten (K4) Full Day Kindergarten (K5) Elementary (Grades 1st - 5th)

Middle School (Grades 6th - 8th)

Student lives with: ____

If the student is not living with both parents, please check the applicable reason:

_____ Father Deceased _____ Mother Deceased _____ Parents Divorced

_____ Parents Separated _____ Other (explain) ______________________________

Parent(s)/Primary Legal Guardian(s): ______________________________

Address: ____

City, State, Zip: ____

Home Phone: ____________________ Primary E-Mail: ______________________________

Father's Occupation & Place of Work: ______________________________

Father's Cell Phone: ____________________ Father's Work Phone: ____________________

Mother's Occupation & Place of Work: ______________________________

Mother's Cell Phone: ____________________ Mother's Work Phone: ____________________

Other Non-Primary Parent/Guardian Information for Record (If applicable):

Name: ______________________________ Relationship: ____________________

Address: ____

City, State, Zip: ____

Home Phone: ____________________ Cell Phone: ____________________

Place of Work: ____________________ Work Phone: ____________________

Student Information

Does this child have any food allergies, allergies to medication, or any medical conditions which we should be aware of?

If yes, please describe: ____

____

Does the school have permission to give this child Tylenol for a headache?: ____________________

Please list any medications that the student takes regularly: ____

____

List any medication which will be left in the school office: ____

Emergency Information

Eastside Christian Academy will always attempt to contact a parent first in the case of emergency or illness. Please list, in order, the names of additional contacts you would like us to call in the event a parent cannot be reached.

1. Name: ____________________________ Relationship to Child: ______________________________
   Home Phone: _______________________ Cell Phone: _____________________________________
2. Name: ____________________________ Relationship to Child: ______________________________
   Home Phone: _______________________ Cell Phone: _____________________________________
3. Name: ____________________________ Relationship to Child: ______________________________
   Home Phone: _______________________ Cell Phone: _____________________________________

Name of Child's Physician: ____________________________________ Phone: ______________________

Name of Dentist: ____ Phone: ______________________

Health Insurance: ____ Policy Number: _________________

Financial Information

Please check your choice of payment:

______ 10 Month Payment Plan ______ Payment in Full Before June 1 (3% discount)

*No discount is given after June 1st

Name of the Financially Responsible Person: _________________________ Phone: ______________________

Statement of Fact

I certify that all the information on this application is true to the best of my knowledge. I have read all the informational materials and I agree to abide by the school's policies and procedures.

____

Signature of Parent or Legal Guardian *Date*

Please return this form, along with the non-refundable Registration Fee to:

Eastside Christian Academy
Attn: Admissions
6300 Billtown Road
Louisville, KY 40299