

REQUIRED FORMS FOR ENROLLMENT IN INVERNESS CHRISTIAN ACADEMY

The following forms will need to be on file for each child enrolled in Inverness Christian Academy before the first day of school:

- ◆ HRS 680 FORM - (IMMUNIZATIONS)
- ◆ STUDENT PHYSICAL EXAMINATION (Within 30 days of enrollment)
- ◆ BIRTH CERTIFICATE
- ◆ EMERGENCY TREATMENT FORM
- ◆ SOCIAL SECURITY NUMBER (If available)

INVERNESS CHRISTIAN ACADEMY / IN HIS STEPS PRE-SCHOOL

4222 S. Florida Avenue, Inverness, FL 34450
352-726-3759

OFFICE USE ONLY	
New _____	Returning _____
Reg. Fee _____	Date _____
Tuition _____	Plan _____

**K2, K3, K4
ENROLLMENT APPLICATION
2011-2012**

Will be Attending Full Time (4-5 days) _____

Will be Attending Part Time (1-3 days) _____

Half Day Option? Y / N

STUDENT INFORMATION

LAST NAME _____	FIRST _____	MIDDLE _____	GOES BY _____
ADDRESS (Street, City, Zip) _____			
MAILING ADDRESS (If different) _____			
SOCIAL SECURITY NO _____	BIRTH DATE _____	BIRTH PLACE _____	GENDER (M/F) _____
RACE _____ NAME OF PERSON WITH WHOM CHILD RESIDES & RELATIONSHIP: _____			

PARENT/GUARDIAN INFORMATION

FATHER'S NAME Last _____	First _____	Middle _____	HOME PHONE _____
ADDRESS (Street, City, Zip) _____			
MAILING ADDRESS (If different) _____			
EMPLOYER _____	WORK PHONE _____		
MOTHER'S NAME Last _____	First _____	Middle _____	HOME PHONE _____
ADDRESS (Street, City, Zip) _____			
MAILING ADDRESS (If different) _____			
EMPLOYER _____	WORK PHONE _____		
LEGAL GUARDIAN Last _____	First _____	Middle _____	HOME PHONE _____
ADDRESS (Street, City, Zip) _____			
MAILING ADDRESS (If different) _____			
EMPLOYER _____	WORK PHONE _____		
E-MAIL _____	CELL #1 _____	CELL #2 _____	
E Mail _____	_____		

FINANCIAL RESPONSIBILITY

PERSON RESPONSIBLE FOR PAYING THE BILL _____	RELATIONSHIP _____
MAILING ADDRESS _____	PHONE _____

MEDICAL/EMERGENCY INFORMATION

PHYSICIAN _____	HOSPITAL _____	PHONE _____
ALLERGIES _____	Medications Routinely Taken:: _____	
PHYSICAL HANDICAPS/Special Restrictions _____		
LIST EMERGENCY CONTACTS IN ORDER OF PRIORITY IN THE EVENT A PARENT/GUARDIAN CANNOT BE REACHED:		
CONTACT #1 (Name, Relationship) _____	PHONE _____	
CONTACT #2 (Name, Relationship) _____	PHONE _____	
MEDICAL CONSENT: I hereby give my consent for the administration of emergency medical treatment in the event that contact cannot be made with the persons designated on this form		
Parent/Guardian Signature(s) _____		

STATEMENT OF COOPERATION

I have read the Pre-School Handbook and agree to abide by the standards set forth in the Handbook. I also give my permission for my child to take part in Pre-School activities planned by In His Steps.	
Parent/Guardian Signature(s) _____	Date _____
Parent/Guardian Signature(s) _____	Date _____
* * * *	

INSURANCE INFORMATION

INSURANCE COMPANY _____	POLICY NO. _____
NAME OF INSURED _____	

NON-DISCRIMINATORY STATEMENT: Inverness Christian Academy / In His Steps Preschool admits students of any race, color, or ethnicity to all the rights, privileges, programs, and activities generally accorded or made available to the students.

EMERGENCY MEDICAL RELEASE
(This Form Must Be Notarized)

STUDENT NAME _____

I, the undersigned, do hereby authorize officials of Inverness Christian Academy to contact directly the emergency contact persons named in this form. In the event that parents or other persons named herein cannot be reached, I authorize school officials to transport the above-named student to a medical facility of their choice (if the medical facility named herein is not in close proximity) and to obtain any emergency medical care through that facility that may be deemed necessary in their judgment for the health and well-being of the aforesaid student. I also agree that any expense for transportation to a medical facility and for emergency care shall be my responsibility. I hereby certify that the above-named student is in compliance with the immunization requirements, per Florida Statutes 232.032. I accept all consequences for failure to meet these requirements.

PARENT/ LEGAL GUARDIAN _____ HOME PHONE _____ WORK _____

PHYSICIAN NAME: _____ PHONE _____

PREFERRED MEDICAL FACILITY OR HOSPITAL _____

Medications Routinely Taken _____ Allergies _____

Physical/Mental Handicaps _____ Other Medical History _____

Insurance Company _____ Policy #: _____

Name of Insured _____

EMERGENCY CONTACTS: Please list persons whom we may contact in the event we cannot reach the parents or guardian.

CONTACT #1 _____ RELATIONSHIP _____ PHONE _____

CONTACT #2 _____ RELATIONSHIP _____ PHONE _____

CONTACT #3 _____ RELATIONSHIP _____ PHONE _____

PARENT RELEASE OF TRANSPORTATION LIABILITIES TOWARDS INVERNESS CHRISTIAN ACADEMY:

I hereby agree to have the above-named student transported in private vehicles by Inverness Christian Academy's faculty/staff and by other parents or friends while on school-sponsored trips or in case of an emergency. I understand that if an accident were to occur involving the above-named student, any legal recourse will be against the driver, car manufacturer, and the like, and not against Inverness Christian Academy, unless the student is being transported in one of Inverness Christian Academy's vehicles with a driver approved by Inverness Christian Academy.

PARENT/LEGAL GUARDIAN SIGNATURE(S) _____ Date _____

_____ Date _____

NOTARY:

In the State of Florida, in Citrus County, on this _____ day of _____, 20____, before me appeared _____, known to be the individual(s) herein described and who executed the foregoing instrument and acknowledged that they did execute the same.

IDENTIFICATION: Personally Known Other: _____

NOTARY PUBLIC

MY COMMISSION EXPIRES

INVERNESS CHRISTIAN ACADEMY
4222 S. Florida Avenue
Inverness, FL 34450
352-726-3759

AUTHORIZATION FOR PICK-UP
School Year _____

STUDENT NAME _____ GRADE _____

NAME _____ Phone _____

NAME _____ Phone _____

NAME _____ Phone _____

NAME _____ Phone _____

NAME _____ Phone _____

NAME _____ Phone _____

Parent/Legal Guardian Signature

PAYMENT INFORMATION SHEET

PARENT NAME: _____

Student name(s):

(List the names of all of your children who will be attending ICA, including last names, if different)

Please check the items that apply:

- 10-month payment plan (August - May)
- 12-month payment plan (June - May)
- My child will participate in the Before School Day program (BSD)
- My child will participate in the Extended School Day program (ESD)

SIGNATURE SHEET

Please furnish us with the signatures and initials that will be used on materials that will be sent home with your child which require a parent/guardian signature. This is for your protection as well as ours. Thank you for your help.

STUDENT'S NAME _____

Father's Signature: _____

Initials: _____

Mother's Signature: _____

Initials: _____

Legal Guardian's Signature: _____
(If different from above)

Initials: _____