



STUDENT INFORMATION

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Gender _____ Age _____ Grade in Fall _____

PARENT OR GUARDIAN INFORMATION

Child lives with: ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Other _____
Mother's Name _____ Father's Name _____
Address _____ Address _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

DISMISSAL INFORMATION (Your child will only be released to a parent. If someone else will be picking up your child, please list their information below.)

Name _____ Phone _____ Relationship to Child _____

EMERGENCY MEDICAL INFORMATION (Please list an emergency contact other than the parent)

Name _____ Phone _____ Relationship to Child _____

List Any Allergies _____

Does your child have a reaction to bee stings _____ Yes _____ No _____ Unknown

In case of an accident or serious illness, I request Faith Journey Church (FJC) to contact me. If the church is unable to reach me, I hereby authorize FJC to take the necessary steps to ensure proper safety for the child listed above. In the event of a medical emergency, your child will be transported to the nearest medical facility via ambulance at your expense.

Parent/Guardian, by signing below you are acknowledging that you have read and completed the necessary information required for enrollment, medical release and people authorized to pick up my child and that the information is correct. You agree to the terms of this enrollment agreement, understanding the tuition/fees as stated above.

Parent/Guardian Signature _____