



THE Academy

ONE CHURCH
 2130 Redwine Rd. Fayetteville, GA
 www.TheAcademy.school
 TheAcademy@BeONEChurch.com
 678-782-4137

Child's Last Name: _____ First Name: _____

Address _____
Street Number City Zip Code

Birth date _____ Gender: Female Male

Name of parent(s) or guardian with whom the child lives:

(1) _____ (2) _____

Cell Phone: (1) _____ (2) _____

Email: (1) _____ (2) _____

Occupation _____ Occupation _____

Business Address City, ST _____ Business Address City, ST _____

Person with legal custody of child other than above listed _____

With whom does the child live: Both Parents Mother Only Father Only Other: _____

Cell Phone: _____ Relationship to child _____

Will your child be **completely** potty trained by 39 months? Yes No

I will supply The Academy with 3231 Medical form **or** Affidavit of Religious Objection to Immunization by the first day of school.

How did you hear about The Academy? _____

Check preferred number of days and each day of week to enroll: (hours 9 am -12 pm):

Ones	Twos (minimum 2 days):	Threes (minimum 3 days):	Fours (minimum 4 days recommended for Fours and PK)	PK (must be four by September 1st)
2 Day _____	2 Day _____	N/A _____	N/A _____	N/A _____
M/W _____	3 Day _____	3 Day _____	N/A _____	N/A _____
T/TH _____	4 Day _____	4 Day _____	4 Day _____	4 Day _____
	5 Day _____	5 Day _____	5 Day _____	5 Day _____

Specify preferred days if attending if less than five days: MON _____ TUE _____ WED _____ THUR _____ FRI _____

KR Class (must be five by December 31st and teacher recommended)* 5 Days _____

Kindergarten Class (must be five by September 1st)* 5 Days _____

*KR and Kindergarten class hours are 9-2 Monday –Thursday and 9-12 Friday

Parent 1/Guardian Signature _____ Parent 2 /Guardian Signature _____ Date _____

For Office Use Only:

ENROLLMENT: \$ _____ DATE & TIME SUB: _____ ONE DATA COMPLETE: _____

CURRICULUM: \$ _____ CLASS ASSIGNMENT: _____ FORMS PROCESSED: _____

METHOD: _____ DAYS: MON/WED TUE/THU MON TUE WED THU FRI MON-FRI

TOTAL PAID: \$ _____ NOTES: _____

Name Child Goes By _____

Are there any allergies that we should be aware of? Yes No If Yes, please explain: _____

Which hand does your child prefer? Right Left Both Neither

Who resides in home with child? _____

Was your child a premature birth or did you experience any birth difficulties: _____

Does your child have any special needs or physical limitation that we need to be aware of: _____

Is your child in speech or occupational therapy currently: SPL OT If yes how can we support them at school? _____

Is English spoken in the home? Yes No If not, what is the primary language? _____

Previous preschool program attended, if where: _____

What did you like or dislike about a previous child care experience? _____

Does your family regularly attend church? Yes No Where: _____

What religious customs does your family observe that need to be known by the teacher?

Comments about your child that you feel would be helpful for us to know: _____

What do you see as your child's biggest area for improvement? _____

Does your child have any special interests? _____

Is your child afraid of anything? _____

What habits does your child show when scared, worried, shy, or ill? (Thumb sucking, quiet, moody)

List the ways your child likes to be comforted: _____

Describe your child's interest in literacy activities (reading, writing, drawing): _____

What are your expectations for this program? What specific things would you like to see happen this year?

What do you see as your child's greatest strengths or skills? _____

How would you describe your child's personality? _____

Are there any behavior issues we should be aware of? _____

Is there anything else you would like for us to know? _____