



# MORNING STAR

CHRISTIAN SCHOOL

## Jr. Kinder Application for Admission 2018-2019

The non-refundable application fee must accompany application when submitted.

### Enrollment Options:

Mon - Fri \_\_\_ M/W/F \_\_\_ T/Th (Full Day Only) \_\_\_

Half Day \_\_\_ Full Day \_\_\_

### STUDENT INFORMATION:

Name of Child: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Age as of 9/1/2018 \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Primary Phone: \_\_\_\_\_

Please list any allergies, medical conditions or regular medications: \_\_\_\_\_

Are Child's Immunizations Current? Yes \_\_\_ No \_\_\_

Exemption Form Completed? Yes \_\_\_ No \_\_\_

Please Note: A copy of the child's Immunization Record/Exemption Form and Birth Certificate must be submitted within 60 days of enrollment.

### RACE/ETHNICITY:

Ethnicity is based on the student's nationality, religion and language. Hispanic : \_\_\_ Non-Hispanic: \_\_\_

Race is based on your inherited physical characteristics (check one or more):

American Indian/Alaska Native \_\_\_ Black/African American \_\_\_ Asian \_\_\_ Hawaiian/Pacific Islander \_\_\_ White \_\_\_

### HAS THIS STUDENT EXPERIENCED ANY OF THE FOLLOWING:

Discipline or Conduct Problems: Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

IEP or Special Services: Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

### RESIDENTIAL PARENT/GUARDIAN INFORMATION:

\_\_\_\_\_  
First Last Primary Phone Relationship to Student

\_\_\_\_\_  
Email Second Phone Employer / Work Phone

\_\_\_\_\_  
First Last Primary Phone Relationship to Student

\_\_\_\_\_  
Email Second Phone Employer / Work Phone

\_\_\_\_\_  
Address City State Zip

### NON-RESIDENTIAL PARENT INFORMATION:

\_\_\_\_\_  
First Last Primary Phone Relationship to Student

\_\_\_\_\_  
Address City State Zip

Would you like to receive weekly school-wide email announcements? Yes \_\_\_ No \_\_\_

**IN CASE OF AN EMERGENCY (Other than those listed previously):**

\_\_\_\_\_  
Name Phone Number Relationship Authorized to pick up? Y N

\_\_\_\_\_  
Name Phone Number Relationship Authorized to pick up? Y N

\_\_\_\_\_  
Name Phone Number Relationship Authorized to pick up? Y N

**PICK-UP AUTHORIZATION (Other than those listed above):**

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

\_\_\_\_\_  
Name Phone Number Relationship

**MEDICAL & INSURANCE INFORMATION:**

\_\_\_\_\_  
Physician Telephone Number

\_\_\_\_\_  
Medical Insurance Name Policy Holder Name Medical Group/Policy Number

**NON-DISCRIMINATION POLICY:**

Morning Star Christian School does not discriminate in admission, educational, financial or hiring practices on the basis of sex, race, color, ethnicity, creed or physical disability. Please be aware that our school is not equipped to serve children having needs that would best be met in a special education setting.

**FIELD TRIP AND MEDICAL RELEASE:**

I hereby certify that my child has permission to participate in all school sponsored activities on or off school premises. Morning Star Christian School has permission to transport my child with an authorized driver. It is understood that participants and their parents assume risk of loss, sickness, or injury resulting from these activities.

I hereby authorize any member of the staff of Morning Star Christian School or approved volunteers to administer first aid as required for illness or injury or consent to emergency medical treatment as deemed necessary by medical personnel including ambulance service or transport for my child. I understand that every effort will be made to contact the parent or legal guardian at the time that my child needs emergency care.

This authorization is effective for the 20\_\_ - 20\_\_ school year.

\_\_\_\_\_  
Parent/Guardian Signature Date

**PHOTO/VIDEO RELEASE FORM:**

I hereby give permission for images of my child, captured during regular and special Morning Star Christian School activities through video, photo and digital camera, to be used solely for the purposes of MSCS promotional material, publications, MSCS website, including television exposure and/or advertising, and waive any rights of compensation or ownership thereto.

\_\_\_\_\_  
Parent/Guardian Signature Date

Office Use Only:

Application Received Date: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Immunization Record: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_

Medication Authorization: \_\_\_\_\_ Family Release Form: \_\_\_\_\_ Extended Care Form: \_\_\_\_\_ Teacher: \_\_\_\_\_ Before Care: \_\_\_\_\_

After Care: \_\_\_\_\_