



MORNING STAR

CHRISTIAN SCHOOL

Preschool 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

Should this parent 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: _____