



**GRANITE CHRISTIAN
ACADEMY**

Early Learning Program
Application for Admission

Office Use Only

Date _____
Interview _____
Approval Y N
By _____

GENERAL INFORMATION

Child's Full Legal Name _____
(Last) (First) (Middle)

Address _____
(Mailing Address) (City) (State) (Zip)

Phone Number (_____) _____ - _____ **Date of Birth** _____

Age: ____ **Current Grade Level:** ____ **Gender** Male Female **Country of Citizenship** _____

Has your child attended this school previously? Yes No

Does your family attend church regularly? Yes No

Full name and address of church attended:

Name _____

Address _____ City _____ State _____ Zip Code _____

Name of Pastor _____

FAMILY INFORMATION

Father's Name _____

Father's Employer & Address _____

Employer's Phone _____

Mother's Name _____

Mother's Employer & Address _____

Employer's Phone _____

Marital Status: ____ Married ____ Divorced ____ Separated ____ Widowed

*If child lives with someone other than his natural parents, please provide name and work phone of step-parent or guardian.

Other Brothers and Sisters:

Name

Age

Grade

School Attending

Friend or Relative to contact if parent cannot be reached in case of an emergency:

(Name)

(Relation)

(Phone)

HEALTH INFORMATION

A medical record must be in our files before a student is finally and definitely accepted.

- Does your child have any physical limitations which might require some adjustment to a normal student schedule? Yes No
If yes, please describe:
- Does your child have a known disability? Yes No
If yes, please explain:
- Is your child hearing impaired? Yes No
If yes, please describe.
- Is your child presently taking regularly any medication prescribed by a physician? Yes No
If yes, give medication and frequency:
- Has your child been hospitalized within the past year? Yes No
If yes, give dates and reason for hospitalization:
- Has your child ever been treated for any nervous, mental, or emotional disorder? Yes No
If yes, please supply dates and reasons for counseling as well as name and address of attending physician or psychiatrist.
- Has child ever been diagnosed as having any chronic contagious/communicable disease? Yes No

DESIRED SCHEDULE (please check all that apply)

- Full Day (8:30am-3:15pm) Monday-Friday
- ½ Day (8:30am-12pm) Monday-Friday
- Full Day (8:30am-3:15pm) Monday, Wednesday, Friday
- ½ Day (8:30am-12pm) Monday, Wednesday, Friday

Extended Care

- 7:00am-8:30am every day
- 7:00am-8:30am individual days
- 3:15pm-5:30pm every day
- 3:15pm-5:30pm individual days

I certify that the information provided herein is true & accurate to the best of my knowledge. I understand that a submitted application does not constitute enrollment and that admission can be denied for any reason deemed appropriate by the administration of Granite Christian Academy.

Signature of Father/Guardian

Signature of Mother/Guardian

Date