



ENROLLMENT APPLICATION

STUDENT INFORMATION

Name _____ Age ____ Birth date _____
 Preferred Name _____ Sex M F
 Physical Address _____ Mailing Address _____
 City _____ City _____
 State _____ State _____
 Zip Code _____ Zip Code _____
 Home # _____ SS # _____
 Cell # _____ Email _____

PARENT / GUARDIAN INFORMATION

MOTHER / GUARDIAN

FATHER / GUARDIAN

Name _____
 SS # _____
 Home # _____
 Work # _____
 Occupation _____
 Email _____

Name _____
 SS # _____
 Home # _____
 Work # _____
 Occupation _____
 Email _____

Married Separated Divorced Single Step Parents

Legal Custody / Visiting Arrangements

Remarks

Is your child adopted? _____ If yes, at what age? _____ Have they been told they are adopted? _____

EMERGENCY CONTACT

HOUSEHOLD MEMBERS

Name _____
 Home # _____
 Work # _____
 Cell # _____
 Relation _____
 Email _____

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for Manzano Christian School (MCS) to do screenings and assessments throughout the year, as needed.

Parent Signature _____ Date _____

MEDICAL AND EMERGENCY INFORMATION

Does your child have allergies? If so, please list them.

Does your child have asthma? If so, please describe.

Does your child have an IEP? If so, please describe.

Are there any Doctor prescribed medications that need to be consistently administered at school?*

*If yes, please also fill out the MCS Medical Consent Form.

Which over-the-counter medications do you authorize MCS staff to administer to your child as needed?

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Advil	<input type="checkbox"/> Tums	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Motrin	<input type="checkbox"/> Allergy medication	_____

AUTHORIZATION FOR EMERGENCY TREATMENT

MCS procedure in case of an emergency, such as sudden illness or serious accident is:

1. Render first aid.
2. Contact the child's parents/guardians. If parents cannot be contacted, an emergency contact will be contacted.
3. Contact emergency personnel.

Family Doctor _____	Insurance Co. _____
Address _____	Policy Holder _____
City _____	Policy # _____
State _____ Zip Code _____	Phone # _____
Phone # _____	

I understand that in some medical situations, MCS staff will need to contact the local emergency resource and/or transport my child to a doctor or hospital before the parents/guardians or emergency contact can be reached. **Manzano Christian School has my permission to take whatever emergency medical measures are deemed necessary for the care and protection of my child. I release Manzano Christian School and its affiliates from medical liability.**

Parent Signature _____ Date _____



FIELD TRIPS

I give my permission to Manzano Christian School to take my child on supervised walking and riding excursions when the destination is within a 20 mile radius of the school. I agree to hold AppleTree Educational Center, Manzano Christian School, Full Gospel Tabernacle, and all approved volunteers or staff HARMLESS from any AND ALL claims which may arise from these trips.

Parent Signature _____ Date _____

PHOTOGRAPHS

I give my permission to MCS to take photographs of my child and to use them in publicity at any time.

Parent Signature _____ Date _____

AUTHORIZATION TO PICK UP

In accordance with State law, we must have on file the names, addresses and telephone numbers of the individuals permitted to pick up a Kinder to 13 year old child from our facility. If someone arrives to collect your child and we do not have their name in our file in writing, we cannot allow your child to leave with them. Please list below any persons allowed to pick up your child so we may avoid any embarrassment, inconvenience, or tragedy.

Name	Relationship to Child	Physical Address	Home #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The child listed on this application will not be considered for enrollment if the form is incomplete, the form is not notarized, or the non-refundable application fee of \$50 is not included. **Application does not guarantee enrollment, but begins the process of enrollment upon acceptance.** By signing these pages, parents/guardians agree to meet their financial obligations to the school and to support the policies and procedures established by the school. MCS reserves the right to deny admittance or to disenroll any family/guardian/student who fails to comply with the established policies and procedures or whose financial obligation is unpaid. Families are responsible to pay for the whole curriculum, tuition, and meal obligations, even if a student is disenrolled or disenrolls at any time during the school year.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

NOTARY

Subscribed and sworn before me this _____ day of, _____, _____.

My Commission expires _____.

Notary Public _____.