



301 Bill Foster Memorial Hwy, Cabot, AR 72023
501-843-1055 www.fba.faithcabot.org

SCHOOL-AGE REGISTRATION FORM

DATE: _____

Child's name: _____ M ___ F ___ Date of Birth _____

Name of school attending: _____ Current Grade: _____

Mother's Name: _____ Father's Name: _____

Parents' Marital Status _____ Legal Custody Papers: Y / N (If yes, attach a copy)

Legal Guardian's Name: _____

Address _____ City _____ State _____ Zip _____

Mother's Cell Phone _____

Mother's Employer _____ Work Phone _____

Father's Cell Phone _____

Father's Employer _____ Work Phone _____

Email address, used for monthly statements _____

ATTENDANCE SCHEDULE

*SUMMER TERM ONLY, Part-time positions are not available during the school year for school-aged children. ** Drop-in is based on availability for registered children only

Full-Time _____ Tues / Thurs _____ Mon / Wed / Fri _____

CIRCLE ONE

Year-Round / School Year Only / Summer Only

Please indicate the option you need during the school year:

AM & PM / AM ONLY / PM ONLY

FOR OFFICE USE ONLY

WEEKLY TUITION _____

START DATE _____

DATE REG. PAID _____

CLASS ASSIGN _____

ADMIN _____

IMMUN. REC _____ BIRTH CERTIF _____

FAITH BAPTIST ACADEMY

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PARENTAL POLICY AGREEMENT

I have read the **Faith Baptist Academy Parent Handbook**. I understand and agree to all the policies, including those regarding the payment of fees, general procedures, and guidance for learning in all developmental areas.

I grant permission to Faith Baptist Church and to its employees, the right to photograph my child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, or digital publishing via the Internet. Your child's name will not be included with the photo.

SIGNATURE OF PARENT OR LEGAL GUARGIAN

_____ DATE _____

_____ DATE _____

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EMERGENCY CONTACT FORM

A COPY OF THIS FORM WILL ACCOMPANY YOUR CHILD WHILE BEING TRANSPORTED TO AND FROM FBA

Name of Child: _____ DOB: _____

Parents' Full Names & Contact Numbers:

Mother _____ Phone Numbers: _____

Father _____ Phone Numbers: _____

Name of Person to Contact if parents cannot be reached:

Name: _____ Relation to child _____

Address: _____ City: _____ State _____

Home Phone _____ Work Phone _____

Cell Phone _____

Physician's Name: _____ Phone number _____

Address _____ City _____ State _____

My child has these known allergies to the following medications: _____

My child has these known food allergies: _____

CONSENT FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION

I _____ the Parent/Legal Guardian of _____ do hereby request and give consent to the Director of Faith Baptist Academy, or his/her duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician in case of an emergency when parents cannot be reached. Consent is also given for the Director or his/her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached. I will be responsible for any medical fees.

Witness _____ Parent/Guardian _____

Date

Date

ADDITIONAL ADULTS AUTHORIZED TO CHECK OUT MY CHILD

NAME _____ RELATION TO MY CHILD _____

ADDRESS _____ CITY _____ STATE _____

PHONE 1: _____ TYPE: _____ / PHONE 2: _____ TYPE: _____

NAME _____ RELATION TO MY CHILD _____

ADDRESS _____ CITY _____ STATE _____

PHONE 1: _____ TYPE: _____ / PHONE 2: _____ TYPE: _____

Inform and provide FBA office staff with legal custodial matters concerning your child. At the time your child has been checked out of the center by an authorized adult, FBA is no longer responsible or liable for your child.

SECURITY PASSWORD: _____ This password will be required if you call FBA to authorize an additional adult to check out your child.

PARENT/ LEGAL GUARDIAN SIGNATURE _____ DATE _____

ADDITIONAL/HELPFUL INFORMATION

Physical or Emotional Considerations: _____

Special Needs/Diagnosis: _____

Food Allergies: _____

Favorite Activities: _____

MEDICAL HISTORY

Current medications taken and dosage _____

Asthma Diabetes Seasonal Allergies Other Diagnosis _____

Authorization to administer Acetaminophen (Tylenol) YES NO

Authorization to administer Ibuprofen (Motrin) YES NO

* FBA cannot exceed recommended dosage prescribed on packaging, weight & age will indicate appropriate dosage.