



P.O. Box 605 Elizabethtown, KY 42701
(270) 234-8174

Office Use
Date: _____
Grade: _____
Received \$ _____
Cash _____ Check _____

All information must be provided for this application to be considered.

ECA Afternoon Kid Zone

Name of Student _____ Date of Application _____
Age as of Oct 1st, 2009 _____ Sex _____ Race _____ Birthdate _____ SS# _____ - _____ - _____

1. Natural Father's Name & Address _____

Street _____ City _____ State _____ Zip _____
Telephone: Home: _____ Business: _____ Cell: _____
Occupation: Company _____ Position or Title: _____
Nature of Business _____
Address of Business _____

2. Natural Mother's Name & Address _____

Street _____ City _____ State _____ Zip _____
Telephone: Home: _____ Business: _____ Cell: _____
Occupation: Company: _____ Position or Title: _____
Nature of Business _____
Address of Business _____

3. Emergency Contacts: (other than parents)

Name Relationship Phone

4. Pick Up: (In addition to those listed above, list others who have permission to pick up your child. They must have proper ID.)

Name Relationship Phone

The Elizabethtown Christian Academy, Inc., its agency, subsidiaries, and institutions shall offer all programs and services without regard to race, color, national or ethnic origin, gender, or age and shall not discriminate on any of these bases in the administration of educational policies or admissions.

Marital Relationships (check all that apply)

5. Natural parents are: _____ together at home _____ separated _____ legally divorced
_____ natural mother deceased _____ natural father deceased

6. If parents are divorced or separated, who has legal custody of the child?

7. Is either parent forbidden by court from having equal access to the child or the school records? _____
(Written documentation is required prior to enrollment.)

8. Name of legal guardian if other than parent:

9. Are both parents aware of this application? _____ Yes _____ No

10. If students does not live with both the natural father and mother, student lives with:
_____ Natural mother only _____ Natural mother & stepfather _____ Guardian
_____ Natural father only _____ Natural father & stepmother _____ Other

Stepparent's name _____ Occupation: _____

Business Address: _____ City _____ Zip _____ Phone _____

11. Please indicate below any further information which may assist in the education of your child such as pertinent medical or other data of which the school should be aware. Is there any medical reason the child cannot participate in the physical education program? If "yes", please explain _____

Applicant's Physician _____ Phone _____

12. I understand my child will be involved in the ECA afternoon study group under the supervision of a qualified adult who has my permission to administer first aid as needed and that as a parent, I will be contacted for further instructions in case of a more emergent situation. I will not hold ECA, the staff or board members liable for any accidents or expenses due to an accident.

Kid zone hours are 2:40-6:00 p.m.

_____ I agree to pay the amount of thirty dollars (\$30) each week to cover any and all the cost that may occur within this program (snack and art supplies are included). This is due in advance on Monday regardless to how many days the child attends.

See Lori Corle for special arrangements other than these listed.

_____ I agree that if my child is not picked up by 6:00 p.m. that a late fee of \$5 for every 15 minutes you are late will be added to your next bill.

_____ I agree that space in this program may be limited and any action by my child that might jeopardize the rights of any other child, will mean immediate expulsion of my child's enrollment of the Study Group.

No supervision will be available after 6:00 p.m.

Signature

Relation to child

Date

Complete health records must be received as a part of the application. A recent physical exam & vision screening are also required for all Kindergarten students and all new students to the state of KY. If you are a KY resident, an original from your doctor or a photocopy from school records is acceptable.

22. Please indicate below any further information which may assist in the education of your child such as pertinent medical or other data of which the school should be aware. Is there any medical reason the child cannot participate in the physical education program? If "yes", please explain _____