**Enrollment Application**

**2025-2026**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** |  |  |  |  |  |  |  |
| **First** | **Middle** | **Last** | **Entering**  **Grade** | **Start Date** | **Attendance** (K3 Only): Full Time or MWF | **Gender** | **Date of Birth** |
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| **Father (or Guardian)** | | |
| Name | |  |
| Cell Phone | |  |
| Work Phone | |  |
| Occupation | |  |
| Email | |  |
| **Mother (or Guardian)** | | |
| Name |  | |
| Cell Phone |  | |
| Work Phone |  | |
| Occupation |  | |
| Email |  | |

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| --- | --- | --- | --- |
| **Home** | | | |
| Phone | |  | |
| Address | |  | |
| Mailing  *if different from Home* | |  | |
|  | | |  |
| Primary Phone\* | | |  |
| **Church** | | | |
| Name |  | | |
| Pastor |  | | |
| Phone |  | | |

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| **Emergency Contacts** | In the case of an emergency in which we are unable to contact either parent, KCA will contact the following people in the order which they are listed. | | | |
| **Name** | | **Relationship** | **Primary Phone** | **Secondary Phone** |
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| How did you hear about KCA? | | | | |  |
| **Medical Information** | | Complete the box below for any of your children who have a history of any of the following: asthma, allergies (list), blood disorder, diabetes, epilepsy, heart problems, sickle cell anemia, seizures, or any other health problem | | | | | |
| **Name of Child** | | | | **Explanation** | | | |
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| **Additional Information** | | | If necessary, please attach additional explanations. | | | | |
| Does your child have any known physical or learning disabilities? If so, please describe. | | | | | | | |
| **Name of Child** | | | | | **Explanation** | | |
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| Has your child been subject to any significant disciplinary action by a previous school? If so, please explain. | | | | | | | |
| **Name of Child** | | | | | **Explanation** | | |
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| **Authorized Pick-Up** | | I authorize the following individuals to pick-up my child(ren) from school. *Any requests to change this list must be made in writing before your child(ren) will be released to another individual.* | | | | | |
| List First and Last Name of All People Authorized to Pick up Your Child(ren) (Include Relation to Child(ren)) | | | | | | | |
|  | | | | | | | |

By signing this enrollment form, I/we agree that:

* I/we have received, carefully read, and agree to the KCA statement of SCHOOL POLICIES.
* I/we have received, carefully read, and agree to the KCA statement of PARENTAL SUPPORT.
* I/we have received, carefully read, and agree to the KCA statement of FINANCIAL POLICIES.

**Father** (*or Guardian*)

**Name: Signature Date**

**Mother** (*or Guardian*)

**Name: Signature Date**

*Enrollment fee is required to complete enrollment*