



ARLINGTON
CHRISTIAN ACADEMY

Preschool

9801 Arlington Church Road
Charlotte, NC 28227
(704) 573-1149
mallory@arlingtonacademy.org

2024-2025 Enrollment

To be completed, signed, and placed on file with Arlington Christian Academy - Preschool on the first day and updated as changes occur and at least annually.

Child's Full Name: _____
Last First Middle Nickname

Date of Birth: _____ Male Female Child Resides With: _____

Mother's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ E-Mail Address: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ E-Mail Address: _____

Cell Phone: _____ Work Phone: _____

Family Religious Preference: _____ Church Membership: _____

How did you find out about Arlington Christian Academy – Preschool? _____

Health Care Needs:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be attached to this form. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? _____ Yes _____ No

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List any allergies and the symptoms and type of response required for allergic reactions: _____

List any healthcare needs or concerns, symptoms of and type of response required for these needs or concerns: _____

List any fears or unique behavior characteristics your child has: _____

List any types of medication taken for health care needs: _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

Emergency Medical Care Information:

Name of Health Care Professional: _____ Office Phone: _____

Preferred Hospital: _____ Phone: _____

I, as the parent/guardian, authorize Arlington Christian Academy - Preschool to obtain medical attention for my child in the event of an emergency.

Signature of Parent/Guardian: _____ Date: _____

I, as the director of Arlington Christian Academy - Preschool, agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from a physician or the child's parent/guardian.

Signature of Director: _____ Date: _____



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Child's Full Name: _____ Teacher: _____

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

The following people have been given consent to pick up my child from Arlington Christian Academy - Preschool. They will be available to assume responsibility for my child in an emergency if we the parents/guardians cannot be reached. I authorize that my child can be released by the staff members at Arlington Christian Academy - Preschool to the following people:

Name: _____ Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Cell Phone: _____ Work Phone: _____

Signature of Parent/Guardian: _____ Date: _____