

FEED MY LAMBS CHRISTIAN ACADEMY Registration Form

Date: _____

Child's Full Name: _____

Child's Date of Birth: _____ Age: _____ Sex: (M/F) _____

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

Name and relationship of person the child is living with:

Address:

City: _____ State: _____ Zip Code: _____

Phone number (Day) _____ (Evening) _____

Previous School Attendance: _____

School Location being applied for: _____

I hereby apply for enrollment of my child in Feed My Lambs Christian Academies. I understand that this is a Christian school where the name of Jesus Christ will be exalted and that my child will be taught in a Christ centered environment. Further, I consent for my child to be photographed at any time during the school year and for the photographs to be used in any Feed My Lambs' publication.

Parent or Legal Guardian

Date

Feed My Lambs, Inc. admits students of any race, color national and ethnic origin, to all rights, privileges, programs and activities generally accorded or made available to students at the schools. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies or other school administered programs.



FEED MY LAMBS CHRISTIAN ACADEMY

Emergency Contact and Medical/Liability Release Form

Name: _____

Child's full name: _____

Child's date of Birth _____ Age: _____ Sex (M/F) _____

Height _____ Weight _____

Childs Health Record:

Child's current health is: _____ Excellent _____ Good _____ Fair _____ Poor _____

Physical Handicaps or Limitations: _____

Is there any evidence of:
_____ Hearing loss or difficulty
_____ Vision Difficulties
_____ Speech Disabilities

Allergies? _____

Medication being taken? _____

Please check the following from your child's medical history:

_____ Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Convulsions

Is the child free from any communicable disease? _____ Yes _____ No

If no, please explain _____

Are all immunizations up to date? Please attach your child's immunization record

_____ Yes _____ No If no, please explain _____

Please list any major illnesses the child has received treatment for during the past three years:



Medical Release Form

Name	Childs Physician/Phone Number	Childs Dentist/Phone Number
Medical Coverage	Policy Number	Group Number
Primary Insured	Other Info	

Emergency Contacts:

Name	Home#	Work#	Cell#
------	-------	-------	-------

Name	Home#	Work#	Cell#
------	-------	-------	-------

Name	Home#	Work#	Cell#
------	-------	-------	-------

Please list all medical allergies, medications taken regularly and any other medical information.

I (we) understand that, in the event medical treatment is required, every reasonable effort will be made to contact me. If I cannot be reached, I give my permission for Feed My Lambs, Inc. to obtain emergency medical treatment for my child. If I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the necessary care, including anesthesia for my child's well being.

I (we), the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors or staff from any and all claims of past, present or future arising out of any damage or injury while employed by or participating in any events.

Signature of parent or guardian

Date



FEED MY LAMBS CHRISTIAN ACADEMY

Child Release Form

Date: _____

Childs Full Name: _____

Our policy at Feed My Lambs Christian Academy is to release our students alter school into the hands of either parent and/or the child's legal guardian as identified on the child's school registration form. Please document below any exceptions to this policy as concerning your child.

The following people are given my permission to pick up my child from school. I understand they may be asked to show identification before they are allowed to take my child from school premises to ensure the safety and security of my child.

Name	ID Type (Drivers license or social security card)	ID Number

The following people are never allowed to pick my child up from school.

Name	ID Type (Drivers license or social security card)	ID Number

Parent or Legal Guardian

Date

AUTHORIZATION TO USE WRITTEN MATERIALS / PHOTOGRAPHS

I hereby authorize Feed My Lambs, Inc. to use, reproduce, and/or publish all written and/or visual materials, including photographs of _____ . I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on Feed My Lambs Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Feed My Lambs may publish materials, use my child's name, photograph, and/or make reference to me in any manner that Feed My Lambs deems appropriate in order to promote/publicize service opportunities.

Signature of Parent or Guardian

Date



Financial Reference

Our goal at Feed My Lambs is to assist families with an income at the poverty level or lower per year. Please complete the following information below.

Please select the location where you and your family reside:

<input type="checkbox"/> Canton <input type="checkbox"/> Marietta <input type="checkbox"/> Austell <input type="checkbox"/> City of Refuge

Address: _____

City: _____ State: _____ Zip Code: _____

*Please attach a copy of a bill to verify proof of address (utilities, car payment, insurance, child care bills, etc)

Copy of Address provided? Yes _____ No _____

Please check your current marital status:

- Married
- Single
- Divorced
- Widower

Please look at the chart below and determine which row your household falls in. Please initial in the provided box on the row your household falls in.

# of persons in your immediate family living in current household including self	Annual household income	Income per month	Please initial here on the row that your household falls in	Director Initials
2 PERSONS	\$14,710	\$1, 225		
3 PERSONS	\$18,530	\$1,544		
4 PERSONS	\$22,350	\$1,862		
5 PERSONS	\$26,170	\$2,180		
6 PERSONS	\$29,990	\$2,499		
7 PERSONS OR MORE	\$33,810 ADD \$3,820 PER ADDITIONAL PERSON IF MORE THAN 7 PERSONS	\$2,817		

* Please attach proof of income for your household (both spouses if married)- pay stubs for at least a month, child support payments, alimony payments, etc. If you are unable to make a copy please show the Director your original copy of verification.

I hereby declare that all information provided above is true and accurate.

Parent Signature _____

Date _____

Director Signature _____

Date _____

Emergency Verification

I _____ give permission for Feed My Lambs to call 911 in case of a medical emergency with my child _____. I understand that in case of an emergency, 911 will be called first, and then the parent/legal guardian will be contacted immediately after. Please initial here _____

Please attach a copy of your child's medical insurance card.

Submitted copy of my child's medical insurance: Yes _____ No _____

Parent/Legal Guardian Initials: _____

My child has medical insurance: Yes _____ No _____

Parent/Legal Guardian Initials: _____

*Please **DO NOT** sign until Notary is present.

Parent Signature _____

Date: _____

Notary:

Date: _____