

## PRESCHOOL APPLICATION FOR ADMISSION

PLEASE COMPLETE THIS APPLICATION AND ALL FORMS IN THEIR ENTIRETY

Child—Please print or type:

Name (first, middle, last)	Sex M F	Birthday (MM/DD/YY)	Schools previously attended
Address	City, State ZIP	Nickname	Phone

### Parents

Father (first, middle init., last)		Father's Employer / Occupation	
Father's e-mail	Father's cell phone	Father's work phone	
Mother (first, middle init., last)		Mother's Employer / Occupation	
Mother's e-mail	Mother's cell phone	Mother's work phone	
Mailing Address		City	State/Zip Code
Street Address (if different than above)		City	State/Zip Code
Home (Primary) Telephone			
If either parent has a different address, please note it below:			
Name	Street Address		City, State, Zip
Church Preference (if any)		Pastor	

### Siblings

Name	Age	Name	Age
Name	Age	Name	Age

### Medical

Physician:		Physician Phone:	
Dentist:		Dentist Phone:	
Insurance Company:		Name of Subscriber:	Policy #:
Emergency Contacts			
Name	Phone	Relationship to child	
Name	Phone	Relationship to child	

Persons approved for picking child up (other than parent/guardians)- Photo ID will be required		
Name	Phone	Relationship to child
Name	Phone	Relationship to child

## PARENTS ARE RESPONSIBLE FOR ALL EMERGENCY MEDICAL TREATMENTS

If a sudden illness or other serious medical emergency should occur and I cannot be reached, my signature below authorizes the person in charge to call my child's physician or dentist or take my child to the nearest emergency medical facility. Signature or Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION

List any frequent illnesses and/or hospitalizations: (ear infections, strep throat, seizures, etc.) \_\_\_\_\_

List any known allergies: \_\_\_\_\_

What communicable diseases has your child had? (chicken pox, measles, mumps, etc) \_\_\_\_\_

Is your child currently taking medications? ☐ **Yes** ☐ **No** If yes, what & why? \_\_\_\_\_

Does your child receive therapeutic services in a developmental center or school? ☐ **Yes** ☐ **No** If yes, please circle services received:

Occupational therapy      Physical therapy      Speech Therapy      Behavior therapy      Psychological/Counseling

Would your child be able to evacuate the building without assistance? ☐ **Yes** ☐ **No**

How often does your child have accidents? \_\_\_\_\_

Any special comments or concerns? \_\_\_\_\_

## PARENT AGREEMENT OF VERITAS POLICIES

Do you agree to have your children taught in accordance with the Statement of Faith in the *Parent-Student Handbook*? ☐ **Yes** ☐ **No** If the handbook contains any points which are inconsistent with your convictions, please briefly explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read the *Parent-Student Handbook*? ☐ **Yes** ☐ **No** If there are any points of philosophy or school policy which are inconsistent with your goals for your family, please briefly explain here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To make this application complete, please include the following:

- \$250 per student (This fee will **NOT** go toward tuition and is nonrefundable)
- Current Immunization records
- A copy of any divorce/custody decision as it pertains to the student(s)
- All enclosed forms

## PLEASE NOTE:

As a parent/guardian, I commit to the following:

1. I understand that Veritas Academy commits to a full-year of teacher salaries, and classroom materials based on enrollment, so by enrolling my child(ren) in Veritas Academy, there is an explicit commitment to pay the entire year's tuition regardless of the payment plan. The entire year's tuition is considered due, even if the student is withdrawn or their enrollment is discontinued before the end of the school year for any reason, regardless of the deciding party.
  2. In the event that I decide to withdraw my child at Veritas Academy, I will, for the school's benefit, inform the school office in writing concerning my reasons.
  3. I am responsible for any and all damages my child may have made to the school property.
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**Contracting Signature:**

I certify that this application is correct. I understand my financial commitment and the dates payments are due, and agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines and policies in the *Parent-Student Handbook*. I further agree to allow Veritas to teach my child according to the Statement of Faith.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Admissions Statement:** Veritas Academy welcomes students of all backgrounds to our community. We do not discriminate based on race, sex, color, or national origin. Veritas reserves the right to deny admission to a student if his or her ability, behavior, or emotional development indicates that he or she could not be best served by our school program. We seek to make each admission decision based on what is best for the child and for Veritas.