

# FIRST FRIENDS CHRISTIAN ACADEMY



## STUDENT REGISTRATION

<b>OFFICE USE ONLY:</b> ADMISSION DATE _____ TERMINATION DATE _____ BIRTH CERTIFICATE# _____ INITIALS _____ <b>School Only:</b> _____ <b>Full Care:</b> _____
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STUDENT'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CHECK ONE PLEASE: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SOCIAL SECURITY xxx-xx-\_\_\_\_\_

STUDENT RESIDES WITH: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BOTH \_\_\_\_\_ GUARDIAN \_\_\_\_\_

GRADE ENTERING: \_\_\_\_\_ SCHOOL PREVIOUSLY ATTENDED: \_\_\_\_\_

PARENT INFORMATION	
MOTHER/GUARDIAN: _____	
ADDRESS: _____	APT# _____
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE: _____	CELL PHONE: _____ EMAIL: _____
EMPLOYER: _____	OCCUPATION: _____
MILITARY RANK/ RATE: _____	
WORK PHONE: _____	WORK HOURS: _____
FATHER/GUARDIAN: _____	
ADDRESS: _____	APT# _____
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE: _____	CELL PHONE: _____ EMAIL: _____
EMPLOYER: _____	OCCUPATION: _____
MILITARY RANK/ RATE: _____	
WORK PHONE: _____	WORK HOURS: _____
ADDRESS: _____	APT# _____

DO YOU CURRENTLY HAVE A CHURCH HOME? YES \_\_\_ NO \_\_\_ NAME OF CHURCH \_\_\_\_\_

DOES STUDENT HAVE ANY SIBLINGS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

PARENTS/GUARDIANS MARITAL STATUS: MARRIED \_\_\_ SINGLE \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_

WHO HAS LEGAL CUSTODY? \_\_\_\_\_

**(A COPY OF CUSTODY AGREEMENT IS REQUIRED)**

**FIRST FRIENDS CHRISTIAN ACADEMY  
ALTERNATE PICK-UP LIST**

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
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NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
IS THERE ANYONE WHOM YOU DO NOT WISH TO PICK UP YOUR CHILD? YES ___ NO ___ IF SO, PLEASE GIVE NAME AND RELATIONSHIP TO YOUR CHILD. NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____

# FIRST FRIENDS CHRISTIAN ACADEMY



## BRIGHT ARROW

Bright Arrow, an automated messaging service is used to facilitate communication with our parents/guardians. Through voicemail, text messages and email you will be informed of upcoming events, school delays or closings.

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Phone #3 \_\_\_\_\_ Email \_\_\_\_\_

## AUTHORIZATION FOR TRANSPORTATION

I give my permission for my child, \_\_\_\_\_, to be transported by Friends In Jesus Learning Center, Inc. for all field trips.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PICTURE PERMISSION

We would like to add pictures of our children in various activities at school for publicity purposes. (website, flyers, fundraising activities, etc.) Please fill out the appropriate space.

- \* \_\_\_\_\_ This release grants permission for my child's picture to be used for publicity purposes.
- \* \_\_\_\_\_ I do not wish for my child to have their picture used for publicity purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>EMERGENCY INFORMATION RECORD</b>		LAST NAME		FIRST NAME	
		PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS				PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER		
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:					
Name: _____		Address: _____		Phone: _____	
Name: _____		Address: _____		Phone: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS				PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS				PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)					
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER		
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS			
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			
		Parent Signature: _____		Date: _____	

Form #142 NATIONAL SCHOOL FORMS 1 (800) 431-1291

<b>INSURANCE INFORMATION</b>	
I _____ the parent/guardian of _____ will be responsible for payment of medical care expenses. Medical treatments costs are covered by:	
1. Primary insurance company: _____	
Name of insured: _____	
Policy Number _____	
Group Number _____	
2. No Insurance _____	
The Parent(s) /Guardians(s) authorizes Friends In Jesus Learning Center, Inc. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.	
Parent/Guardian Signature _____ Date _____	
Subscribed and sworn to me on this _____ day of _____	
Notary Public Signature _____	

**FRIENDS IN JESUS LEARNING CENTER INC.**

# FIRST FRIENDS CHRISTIAN ACADEMY



1062 Big Bethel Road Hampton, Virginia  
Phone: (757) 265-6966 Fax (757) 848-5191

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## PERMISSION FOR RELEASE OF SCHOOL RECORDS

Fill out school and address of school student previously attended:

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This is a request for the records of:

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Thank you,

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Robyn B. Pickeral

School Administrator

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I give permission for \_\_\_\_\_ to release

complete records for my child entering First Friends Christian Academy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## FRIENDS IN JESUS LEARNING CENTER REGISTRATION

Student's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

My child is a returning student and all my information has remained the same. (parent info, alternate pickup list, insurance info, custody papers)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **AUTHORIZATION FOR TRANSPORTATION**

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **BRIGHT ARROW**

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Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Phone #3 \_\_\_\_\_ Email \_\_\_\_\_

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:** Admission Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**Preschool Only:** \_\_\_\_\_ Full Care: \_\_\_\_\_

# FIRST FRIENDS CHRISTIAN ACADEMY REGISTRATION



Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

My child is a returning student and all my information has remained the same. (parent info, alternate pickup list, insurance info, custody papers)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only: Admission Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_**

**School Only: \_\_\_\_\_ Full Care: \_\_\_\_\_**

<b>EMERGENCY INFORMATION RECORD</b>		LAST NAME		FIRST NAME	
		PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS				PHONE	
MOTHER'S BUSINESS PHONE		MOTHER'S CELL PHONE OR PAGER		FATHER'S BUSINESS PHONE	
				FATHER'S CELL PHONE OR PAGER	
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:					
Name: _____		Address: _____		Phone: _____	
Name: _____		Address: _____		Phone: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS				PHONE	
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HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)					
<input type="checkbox"/> ALLERGIES		<input type="checkbox"/> ASTHMA		<input type="checkbox"/> DIABETES	
<input type="checkbox"/> EPILEPSY		<input type="checkbox"/> HEART PROBLEMS		<input type="checkbox"/> RECURRING ILLNESS	
<input type="checkbox"/> OTHER					
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			
		Parent Signature: _____			Date: _____

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<b>INSURANCE INFORMATION</b>	
I _____ the parent/guardian of _____ will be responsible for payment of medical care expenses. Medical treatments costs are covered by:	
1. Primary insurance company: _____	
Name of insured: _____	
Policy Number _____	
Group Number _____	
2. No Insurance _____	
The Parent(s) /Guardians(s) authorizes Friends In Jesus Learning Center, Inc. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.	
Parent/Guardian Signature _____ Date _____	
Subscribed and sworn to me on this _____ day of _____	
Notary Public Signature _____	

**FRIENDS IN JESUS LEARNING CENTER INC.**



# FRIENDS IN JESUS LEARNING CENTER



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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## FRIENDS IN JESUS LEARNING CENTER STUDENT REGISTRATION

**OFFICE USE ONLY:** ADMISSION DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

BIRTH CERTIFICATE# \_\_\_\_\_ INITIALS \_\_\_\_\_

**Preschool Only:** \_\_\_\_\_ **Full Care:** \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

CHECK ONE PLEASE: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SOCIAL SECURITY xxx-xx-\_\_\_\_\_

STUDENT RESIDES WITH: MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_ BOTH: \_\_\_\_\_ GUARDIAN: \_\_\_\_\_

### FRIENDS IN JESUS LEARNING CENTER STUDENT INFORMATION

Has your child attended Day Care? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Center \_\_\_\_\_

Has your child been cared for by a private sitter? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Special Interests: Singing \_\_\_\_\_ Painting \_\_\_\_\_ Stories \_\_\_\_\_ Trucks \_\_\_\_\_ Dolls \_\_\_\_\_  
Pets \_\_\_\_\_ Music \_\_\_\_\_ Outside Play \_\_\_\_\_ Coloring \_\_\_\_\_ Other \_\_\_\_\_

Is your child generally: Cooperative \_\_\_\_\_ Shy \_\_\_\_\_ Competitive \_\_\_\_\_ Happy \_\_\_\_\_ Friendly \_\_\_\_\_  
Aggressive \_\_\_\_\_ Sensitive \_\_\_\_\_ Submissive \_\_\_\_\_ Angry \_\_\_\_\_

Does your child usually do what is asked of him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have restroom accidents? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_

### PARENT INFORMATION

MOTHER/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MILITARY RANK/ RATE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MILITARY RANK/ RATE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

DOES STUDENT HAVE ANY SIBLINGS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

DO YOU CURRENTLY HAVE A CHURCH HOME? YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

PARENTS/GUARDIANS MARITAL STATUS: MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED \_\_\_\_\_

WHO HAS LEGAL CUSTODY? \_\_\_\_\_

**(A COPY OF CUSTODY AGREEMENT IS REQUIRED)**

# Academy School Uniforms

Our Academy is a learning center where we want students to be comfortable and nicely dressed for work and play. School is not the place for a fashion statement. Clothing for school should be modest and not an issue for comparison or distraction. Schools in general require certain standards to insure that clothing is safe and appropriate for the occasion and not a distraction to learning. If we adhere to the following standards, our students will have a lot of individual freedom but maintain standards that are important to the school. Parents are asked to ensure that students know and follow the school guidelines and cooperate with the school in maintaining the dress code standards.

1. Solid, collared shirts in a variety of styles and colors are required to be worn. Dress shirts as well as polo style shirts (short or long-sleeved) are acceptable. (PLEASE NO T-SHIRTS)
2. Slacks for boys and girls must be school uniform style in blue, black or khaki.
3. The following are not to be worn: Drawstrings, chains, snaps down the legs, stretch pants or spandex, low rise, carpenter loops, patches, sparkling material, stripes, cargo pockets, extra pockets with zippers, roll up cuffs, bell bottoms, wide or baggy, sequins, or fashion frills.
4. Uniform skirts and jumpers may be worn with shorts underneath. Skirts and jumpers should be modest in length, no more than 2 inches above the knee. Solid colored sweaters or sweatshirts must be pullover or cardigan styles. Sleeveless sweater vests may be worn with a collared shirt. Turtlenecks or collared shirts must be worn under sweatshirts.
5. Clothing should be clean, neat and in good repair. Sweatpants, track suits, jogging outfits and warm-up style clothing are not permitted for students except for PE classes.
6. Shirts and blouses are to worn tucked in unless specifically designed to be worn on the outside.
7. **Jeans are not allowed. On Friday, students may wear jeans for 50 cents. Students may wear their FFCA t-shirts or their polo shirts.**
8. All clothing must be in a solid color. Plaids are allowed for girl's jumpers.
9. Shoes should be brown, black or navy closed uniform style or basic white, blue or black tennis shoes. No blinky lights, Heelys, sequins or glitter are allowed on shoes. NO FLIP-FLOPS ALLOWED.
10. Leggings and socks are to be solid colors.
11. Hair style should not obstruct the vision in any way. No extreme hairstyles, spikes, colored hair, spray painted hair designs.

We suggest "Official School Wear" at Target, Wal-Mart, Kmart, Penny's or Roses or [cookieskids.com](http://cookieskids.com)

# FRIENDS IN JESUS LEARNING CENTER

## ALTERNATE PICK-UP LIST

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
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NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
IS THERE ANYONE WHOM YOU DO NOT WISH TO PICK UP YOUR CHILD? YES ___ NO ___ IF SO, PLEASE GIVE NAME AND RELATIONSHIP TO YOUR CHILD. NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____

## **PARENT MEMO**

Your child's registration is secure when:

1. Registration fee is paid.
2. Contract is signed and returned within three days of paid registration.
3. Physical and shot record must be returned within thirty days.
4. Additional paperwork should be completed at time of registration payment, including birth certification verification.

## **PARENT MEMO**

Your child's registration is secure when:

1. Registration fee is paid.
2. Contract is signed and returned within three days of paid registration.
3. Physical and shot record must be returned within thirty days.
4. Additional paperwork should be completed at time of registration payment, including birth certification verification.