

**Young Achievers Christian Academy**  
1025 N.E. 15<sup>th</sup>, Oklahoma City, Oklahoma 73117 (405)424-1701

Enrollment/Registration  
Year \_\_\_\_\_

Please Print Students  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI Month/Day/Year

Social Security # \_\_\_\_\_ Birth Cert.# \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency  
Notify other than parent \_\_\_\_\_  
Name Relationship Telephone

Student Lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

\_\_\_\_\_  
Mother's Name Employed by Telephone  
Cell Number \_\_\_\_\_

\_\_\_\_\_  
Father's Name Employed by Telephone  
Cell Number \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Address \_\_\_\_\_  
Immunizations Complete \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Agreement**

I understand the dress code and discipline policy for Young Achievers Academy and pledge to continue cooperation and support.

Being aware that Young Achievers Academy negotiates contracts with teachers, support personnel, vendors and services for the entire year based on the registration of my child. I understand that this is a contractual agreement and that I agree to pay my tuition on a regular Payment Plan: \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

**EXTENDED CARE**

Complete this section if you child/children need extended care. My child/children will need extended care. Person or persons other than yourself that have permission to pick up your child

\_\_\_\_\_

I agree to pay extended care fees Weekly \_\_\_\_\_ Montly \_\_\_\_\_ I also understand that a minimum late fee of \$5.00 will automatically be assessed after 5:30 p.m. (Per school clock)

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

**Please Complete Health Form**

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

Does the student have a known medical diagnosis now? Yes \_\_\_ No \_\_\_

If yes please describe: \_\_\_\_\_

Have your child ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list dates and explain: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

**IN CASE OF AN EMERGENCY YOUR CHILD WILL BE TAKEN TO:**

Childrens Hospital  
940 Northeast 13<sup>th</sup> Street  
Oklahoma City, Oklahoma 73117  
405-271-4876

AM Care Member Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does your child take asthma or allergy medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you authorized and instructed your child to administer his/her medication?

Yes \_\_\_ No \_\_\_ Signature of Parent / Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Young Achievers Academy does not have a nurse on staff, all other medical treatments must be administered by the parent of authorized representative (*written authorization must be on file in the academy office*).

Is your child experiencing any of the following listed?

	Yes	No		Yes	No
Eating problems	_____	_____	Emotional problems	_____	_____
Sleeping problems	_____	_____	Discipline problems	_____	_____
Visual problems	_____	_____	Hyperactivity	_____	_____
Hearing problems	_____	_____	Mental problems	_____	_____
Physical problems	_____	_____	Others ( <i>explain</i> )	_____	_____

Does your child have any known medical condition, which limits classroom activities, physical education or competitive activities? If yes please explain: \_\_\_\_\_

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