



Office Use: Date Received \_\_\_\_\_

# Fresh Start Christian Academy

7191 S.R. 21 / P.O. Box 747 Keystone Heights, Florida 32656  
(352) 473-6550 E-mail: FSCA@fsfkh.org

## Kindergarten Application

School Year \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name preferred (nickname, abbreviation, etc.) \_\_\_\_\_

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

Zip \_\_\_\_\_

Age \_\_\_\_ Sex \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
(City)(State)(Country)

Did your child attend preschool? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ If so, Where \_\_\_\_\_

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

Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address (If different from Father) \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Church Attending \_\_\_\_\_ Pastor \_\_\_\_\_

Emergency Telephone Number other than those already listed \_\_\_\_\_

Marital Status: Single ( ) Married ( ) Divorced ( ) Remarried ( )

If divorced, who has legal custody? ( ) Father ( ) Mother ( ) Joint

*\*Copy of legal custody document must be in student file.*

Children in family of school age:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

PLEASE HELP US GET TO KNOW YOU BETTER:

Father, born-again Christian (John 3:3-5) ( ) Yes ( ) No

Mother, born-again Christian (John 3:3-5) ( ) Yes ( ) No

Family Practice — Grace at Meals? ( ) Yes ( ) No

Family Practice — Daily Devotions? ( ) Yes ( ) No

Has your child ever made a profession of faith in Christ? ( ) Yes ( ) No

Church Attendance: Regular (3-4x/Month) Occasional (1x/Month) Seldom

Father	Regular_____	Occasional_____	Seldom _____
Mother	Regular_____	Occasional_____	Seldom _____
Student	Regular_____	Occasional_____	Seldom _____

What are your reasons for wanting to enroll your children in Fresh Start Christian Academy?

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How do you provide spiritual training for children in the home?

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What goals do you have in mind for the training and development of your child(ren) as individuals?

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Is there anything you feel we should know about your child in order to teach or discipline him/her effectively?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any mental, emotional or physical handicaps that may affect his/her activities or progress that should be known? If yes, please explain:

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