



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?

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

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

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:

