

# CHARLTON HESTON ACADEMY

## 2013-2014 Enrollment Application

This application is to be completed and returned to the main office on or after March 29, 2013

OR

Faxed to 989-632-3393 or emailed to lwilliams@charltonhestonacademy.com

**Grade Entering:** \_\_\_\_\_ **or** check if **Pre-K/Childcare** \_\_\_\_\_

**Student Information** – Please Print-YOUR CHILD MUST BE 5 YEARS OF AGE BY DECEMBER 1, 2013 TO ENROLL IN KINDERGARTEN  
YOUR CHILD MUST BE 4 YEARS OF AGE BY DECEMBER 1, 2013 TO ENROLL IN PRE-K

\_\_\_\_\_  
Last Name First Name Middle Name

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

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number Birth Date Current Age Male Female

Ethnic Background:

African American American Indian Hispanic Caucasian Latino Other

### **Family Information**

**Parent/Guardian #1:**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address (if different from child) City State Zip Code Email Address

**Parent/Guardian #2:**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address (if different from child) City State Zip Code Email Address

1. **Emergency Contact Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

2. **Emergency Contact Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

3. **Emergency Contact Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

4. **Emergency Contact Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

List all siblings:

1. Name: \_\_\_\_\_ 2013-2014 Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name: \_\_\_\_\_ 2013-2014 Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name: \_\_\_\_\_ 2013-2014 Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Name: \_\_\_\_\_ 2013-2014 Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Parental Statement**

By signing, I am confirming that the information given is true to the best of my knowledge. Failure to report accurate information may result in your child being withdrawn from the Academy. I agree to support the mission, vision, and polices of Charlton Heston Academy.

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

To be completed by the CHA Office Staff:

Received Date: \_\_\_\_\_/Time: \_\_\_\_\_

Staff initials: \_\_\_\_\_