Educating for Eternity

APPLICATION FOR ADMISSION
EARLY LEARNING CENTER
1101 E. 9th Street, Edmond, Oklahoma, 73034 (405) 844-6478

STUDENT NAME _____ Last 4 Digits of Social Sec. # _____

Date of Birth _____ Ethnicity _____ Sex _____

Home Address _____ City _____ Zip_____

Home Phone _____ Application for which Grade _____

FATHER'S NAME _____ Living _____ Deceased _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ **Church You Attend** _____ **Member? (circle one) Y or N**

MOTHER'S NAME _____ Living _____ Deceased _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ **Church You Attend** _____ **Member? (circle one) Y or N**

MARITAL STATUS OF PARENTS: Married_____ Separated_____ Divorced_____ Widowed_____

If separated or divorced, who has custody of the child(ren)? _____

If remarried, fill out appropriate sections below:

STEPFATHER'S NAME _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ **Church You Attend** _____ **Member? (circle one) Y or N**

STEPMOTHER'S NAME _____

Employer _____ Occupation _____

Business Phone _____ Cell Phone _____ e-mail _____

Religious Preference _____ **Church You Attend** _____ **Member? (circle one) Y or N**

Brothers & Sisters	**Age**	**School Attending**	**Grade**	**Applying for Admission?**

Grandparents	**Address**	**City**	**State**	**Zip**

Preschools/Child Cares Attended	**City/State**	**Dates Attended**	**Age**	**Reason for leaving**

continued on reverse side

Medical/Permission Information

Physician's Name: _____

Allergies: _____

Medication: _____

Medical needs that may need special attention: _____

_____

_____

Permission to Administer Tylenol: ____Give Tylenol; ____Do Not Give Tylenol; ____Dosage(if less than bottle directions)

By initialing one of the above, your instructions will be followed in the dispensing of Tylenol by a member of the OCA faculty/staff. I agree that neither the school nor its employees are liable for any illness resulting from administering the dosage noted on the Tylenol bottle or as noted above.

Permission for Pick-up (Name/Relationship)

_____ _____

_____ _____

_____ _____

Not Allowed to Pick-up

_____ _____

_____ _____

Emergency Contacts--Other Than Parents--Include Cell Phone #

_____ _____

_____ _____

_____ _____

ADMISSION POLICY/APPLICATION PROCESS

Oklahoma Christian Academy is a non-profit organization that admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. All students are required to have a minimum cumulative GPA of 2.0 to be admitted to the Academy. The following is the process for application.

1. Completed/Signed Application Form & Enrollment Fee
2. Confidential Recommendation Forms (2)
3. Completed Student Computer Form
4. Dibels Entry Level Screening
5. Official Immunization Record
6. Copy of Certified Birth Certificate
7. Interview with School Principal

I certify that no information relevant to my child's admission has been withheld and agree to the terms of this application. I understand that acceptance of my application is determined by the outcome of the enrollment process. All applicants are considered in accordance with the above stated admission policy and requirements. I have reviewed the policies and rules in the student handbook (located on the OCA website) with my child and we agree to accept and abide by these regulations until graduation or until termination of attendance at The Academy. **I further understand that the Annual Enrollment Fee required with this application is not refundable.**

_____ _____

(Signature of Parent or Guardian) ***(Date)***

Tuition Payment Agreement (for details see tuition sheet)

Enrollment Fee(Date Paid & Check #)_____

Payment Plan _____Annual _____12 month (Enrolled Before to June 1st) _____10 month (August-May)

Due July 1st _____5th _____20th _____5th _____20th