

**OPEN DOOR CHRISTIAN ACADEMY ~ READINESS AND KINDERGARTEN**

1260 Fort Washington Avenue – Fort Washington, PA 19034 (215) 542-9795

Date of Application: \_\_\_\_\_ Child's Social Security # (required) \_\_\_\_\_ Sex: M F

Child's Name: \_\_\_\_\_  
 (Last) (First) (M.I.)

Uses Nickname: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_

\_\_\_\_\_ (Zip Code)

School District: \_\_\_\_\_

Church attended: \_\_\_\_\_ Previous Nursery School attended: \_\_\_\_\_

Names and birthdates of siblings: \_\_\_\_\_

Physical limitations, medications needed: \_\_\_\_\_

Unusual factors in child's life? (Absence of parent; serious accident or illness; adoption; etc?) \_\_\_\_\_

Has your child ever received any educational and/or psychological testing? Yes or No (Circle One)

Have any special needs been professionally identified concerning your child? Yes or No (Circle One)

Has your child had any history of a physical condition or a learning disability which could require professional attention which ODCA may or may not be equipped to accommodate? Yes or No (Circle One)

If you have answered "yes" to any of the above questions, use back of this paper to explain. (If this information is confidential, please indicate that you would like to speak directly with the Headmaster concerning this issue.)

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

<p><u>READINESS</u> (5 years old by December 31)</p> <p><b><u>5 MORNINGS PER WEEK REQUIRED</u></b></p> <hr style="border-top: 1px dashed black;"/> <p><u>OPTIONAL Extended Days</u> (11:45 – 3:10) M TU W TH F (circle desired extended days)</p>	<p><u>KINDERGARTEN</u> (5 years old by October 1) <u>Verification of current immunizations required with application</u></p> <p><b><u>5 MORNINGS PER WEEK REQUIRED</u></b></p> <hr style="border-top: 1px dashed black;"/> <p><u>OPTIONAL Extended Days</u> (11:45 – 3:10) M TU W TH F (circle desired extended days)</p>
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*In making this application I understand that:* An **application fee** must accompany this completed form. This fee is not refundable and is not deductible from tuition payments. An Agreement clarifying tuition payment options will be sent for your consideration and signature. Financial obligations must be kept current until such time as the school is notified, *in writing* of the child's withdrawal from school. *It is important that all children be fully potty-trained prior to the start of school.* The above class offerings are contingent upon sufficient enrollment. **A copy of the child's immunization record must accompany this application.**

\_\_\_\_\_  
Signature of person completing application

\_\_\_\_\_  
Relationship to applicant

<p><u>For Official Use Only:</u></p> <p>Application Fee Paid _____</p> <p>Tested (Readiness/Kind.) _____</p> <p>Immunization Records _____</p> <p>Accepted _____</p> <p>Class Assignment _____</p> <p>Transportation _____</p>	<p align="center">NOTICE OF NONDISCRIMINATORY POLICY</p> <p>Open Door Christian Academy 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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.</p>
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