

OPEN DOOR CHRISTIAN ACADEMY ~ PRESCHOOL
 1260 Fort Washington Avenue – Fort Washington, PA 19034 (215) 542-9795

Date of Application: _____ Child's Social Security # _____ Sex: M F

Child's Name: _____ Uses Nickname: _____
 (Last) (First) (M.I.)

Phone: _____

E-Mail Address: _____ Birthdate: _____ / _____ / _____

Address: _____ Birthplace: _____

_____ School District: _____
 (Zip Code)

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: _____

3 YEAR OLDS (mark selections below):

(3 years old by October 1)
 (8:45 - 11:45)

Select Program Length ____ Full school year / ____ Shortened year
 2 mornings per week: ____ Tues/Thur
 3 mornings per week: ____ Mon/Wed/Fri
 5 mornings per week: ____ Mon-Fri

OPTIONAL Extended Days

(11:45 – 3:10)
 M TU W TH F
 (circle desired extended days)

4 YEAR OLDS (mark selections below):

(4 years old by October 1)
 (8:45 - 11:45)

Select Program Length ____ Full school year / ____ Shortened year
 3 mornings per week: ____ Mon/Wed/Fri
 ____ Tues/Thur/Fri
 5 mornings per week: ____ Mon-Fri

OPTIONAL Extended Days

(11:45 – 3:10)
 M TU W TH F
 (circle desired extended days)

In making this application I understand that:

The 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.

 Signature of person completing application

 Relationship to applicant

For Official Use Only:

Application Fee Paid _____
 Accepted _____

NOTICE OF NONDISCRIMINATORY POLICY

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.