



A mission and ministry of Zion Lutheran Church
302 Avilla East Alexander, AR 72002
(501)408-4631

Preschool Registration 2023-2024

Preschool Options:

Part Time-3 Full-Time 3 Part-Time 4 Full-Time 4

Student Information:

Child's Full Name: Grade entering:
Birth Date: Age at Start of School Year: Gender: Male Female
Street Address:
City: Zip:

Family Information:

Father's Name: Mother's Name:
Cell Ph#: Cell Ph#:
Work Ph#: Work Ph#:
Email: Email:

Legal Guardian Name(s):
Cell Phone(S):
Email(s):

Who should be your child's primary contact? Mom Dad Legal Guardian

Mass communication: ACA will occasionally communicate information and updates through mass email and/or text message. I would like the following to be added to this list:

Email: Cell Ph#:
Email: Cell Ph#:

Student lives with (check all that apply):

Father Mother Stepfather Stepmother Other:
Parents are: Married Divorced Separated Father deceased Mother deceased

If divorced, special arrangements:

Custodial agreement: It is the policy of Avilla Christian Academy to afford custodial and non-custodial parents the same access to their children and the same rights and responsibilities toward their children as long as it does not violate any court approved decree.

AVILLA CHRISTIAN ACADEMY PRESCHOOL REGISTRATION (CONT.)

Family Information (CONT.)

Sibling's Names:	Age:	Grade:	School Attending:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Church Membership:

Church: _____ Pastor: _____
Is your child baptized? __Yes __No Enrolled in Sunday school? __Yes __No

Potty Training:

All students must be fully potty trained (no Pull-ups) with minimal accidents before starting school at ACA.

Is your child fully potty trained? _____Yes _____No

Basic Development:

Was your child full-term at birth? _____Yes _____No
If not, how many weeks were they at birth? _____

Has your child been diagnosed with a developmental delay? _____Yes _____No
If yes, please explain:

Does your child currently receive individualized services for speech, occupational, physical, cognitive or behavioral therapy? _____Yes _____No

If yes, please explain:

Do you have any concerns regarding your child's current development? _____Yes _____No
If yes, please explain:

AVILLA CHRISTIAN ACADEMY PRESCHOOL REGISTRATION (CONT.)

Basic Development (CONT.)

Does your child have a physical or emotional health issue of which the school should be aware? This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities. ____ Yes ____ No

If yes, please explain: _____

Previous Child Care:

Has your child attended another care care facility or preschool (either in-home or center-based care) prior to enrollment at ACA? ____ Yes ____ No

If yes, please list the provider’s name and dates attended:

Has your child been previously expelled from a childcare facility in the past? ____ Yes ____ No

If yes, please explain:

Once registration has been approved all students are enrolled on a 90-day provisional basis. This 90-day period begins once the child is in class and is NOT based on the date of enrollment. Additionally, no preschool student will be placed on a class roster until all registration fees are paid.

OFFICE USE ONLY

Registration Fee Paid: ____ Yes ____ No ____ Partial

Amount Paid: _____

Enrollment Approved: ____ Yes ____ No

Date _____

Teacher Assigned: _____

Administrator Signature

Date

Our mission: To make disciples of Jesus Christ who will be equipped spiritually, socially, and academically to further God’s kingdom in the world.

www.avillachristian.org