



## 3-Year-Old Nursery School Application

School Year: \_\_\_\_\_

Thank you for your interest in Faith Christian Academy's 3-Year-Old Nursery Program. Our goal is to provide a nurturing, Christ-centered environment where children grow spiritually, academically, socially, and emotionally through play-based learning and loving guidance. Please complete this application fully and return it to the school office.

### Child Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Child must be 3 years old by September 1st.)

Gender:  Male  Female

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

### Parent/Guardian Information

Parent/Guardian #1 Name: \_\_\_\_\_

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

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

Parent/Guardian #2 Name: \_\_\_\_\_

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

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

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### Health Information

Allergies or Medical Conditions:

Food Allergies:

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Faith Christian Academy

25 Golf Club Lane, Poughkeepsie, NY 12601

e. FCA@faithchristianacademy.org | p.845.462.0266 | f. 845.462.1561

## Potty Training Requirement

Yes — My child is fully potty trained and able to independently use the bathroom during the school day.

(Please note: Children must be fully potty trained to attend the 3-Year-Old Nursery Program. Pull-ups or diapers are not permitted.)

## Development & Social Information

Has your child attended daycare, nursery school, or preschool before?

Yes  No

If yes, where? \_\_\_\_\_

Does your child have any special needs, developmental concerns, or receive early intervention services?

No

Yes — Please explain:

## Faith & Family Information

Church Affiliation (optional): \_\_\_\_\_

Is your family currently attending a local church?

Yes  No

## Agreement

We understand that Faith Christian Academy is a Christ-centered school that integrates biblical values and Christian worldview into all aspects of its program. We appreciate and support this mission. We certify that the information on this application is accurate to the best of our knowledge and agree to comply with school policies and procedures.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Use Only

Date Received: \_\_\_\_\_

Application Fee Received:  Yes  No

Follow-Up Scheduled:  Yes  No

Enrollment Status:  Accepted  Waitlist  Not Accepted

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