

# Milford Christian School

## Application for Enrollment

6062 Old Shawnee Road – Milford, DE 19963 (302) 422-4263

Student's Name: \_\_\_\_\_ Gender: M / F  
  Last  First  Middle

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Classroom Placement: K-3 K-4 K-5 Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Classroom Placement: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Are you interested in van service? (student must be 6 yr. and 70 lbs.) (only available in some areas) \_\_\_\_yes \_\_\_\_no

Father's Full Name: \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail \_\_\_\_\_

Contacts in Case of Emergency: (List two additional contacts)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I do hereby request the enrollment of the above child as a student in the Milford Christian School beginning:  
\_\_\_\_/\_\_\_\_/\_\_\_\_.

I understand that the policies of the school require obedience and the proper discipline required to accomplish the goals necessary to obtain a quality Christian education. Furthermore, I will comply with the recommendations of the school in regard to any violations of school policies concerning the child I am enrolling.

I also understand that continuance in the school will depend upon the child's meeting of normal academic requirements, application of study, satisfactory conduct, and my willingness to make all payments of monies on time as agreed between the school and myself.

I also agree to furnish all needed documents showing evidence of age, medical records and vaccinations.

I attest that all of the above information is true.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Milford Christian School*  
**MEDICAL RELEASE FORM**

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

Special instructions are required regarding the administering of any medication or first aid by this school to any student. Please print clearly. Thank you for your cooperation.

The school may dispense Tylenol to my child: Yes \_\_\_\_\_ No \_\_\_\_\_

My child is on the following medication (please include what kind and what it is for):

\_\_\_\_\_

My child has the following medical problem(s): \_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_

**EMERGENCY CONSENT FORM**

In the event that the Milford Christian School should need to seek emergency medical treatment for your child, please provide the following information and authorization for us to do so. Please also know that persons under eighteen years of age cannot authorize treatment for themselves. Please print clearly.

DATE: \_\_\_\_\_

To Family Doctor or Emergency Physician on Duty: This completed consent form is provided to authorize you to provide any emergency treatment for our child in the event neither of us cannot be readily contacted to give permission for such treatment. Thank you.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Father's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_