



# Enrollment Form

Please fill out form completely.

## OFFICE USE ONLY

	<i>Check Rcvd/Date</i>
Teacher Nomination	/ _____
Principal Approval	/ _____
Parent Interview	/ _____
Director Approval	/ _____
Acceptance	/ _____

**Student's Name:** \_\_\_\_\_  
*Last*
*First*
*Middle*

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Race/Ethnicity:** (circle one)  Black/African American  White  Hispanic/Latino  
 American Indian/Native American  Asian  Other \_\_\_\_\_

Is the student a returning Metanoia participant? \_\_\_\_\_ How many years? \_\_\_\_\_

Does the student have siblings currently enrolled in Metanoia? (circle one) YES NO  
 If yes, please list name(s) of sibling(s) \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Names & Phone Numbers:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Others authorized to assume care for your child if you cannot be reached:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Health Information:**

Health Conditions and Allergies: \_\_\_\_\_

Learning, behavioral or physical disabilities: \_\_\_\_\_

Medications: \_\_\_\_\_

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

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

Hospital Choice: \_\_\_\_\_

In case of accident or serious illness the school has my permission to contact and follow the instructions of the physician listed on this form. If this physician is not available, I authorize appropriate care and treatment be rendered to my child by any physician and/or hospital. I will assume responsibility for the emergency care and/or transportation for said child.

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Family Information:**

Does the student live with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Whom does the student live with? \_\_\_\_\_

Does the child receive free/reduced price lunch at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Family yearly income: \_\_\_\_\_

Number of persons in household (including student): \_\_\_\_\_

\_\_\_\_\_  
*Signature of parent* *Date*

**Permission to Walk Home:** \_\_\_\_\_ (name of child) has my permission to walk home from the Metanoia Youth Leadership Academy at 5:35 on the following days.

I understand that the Metanoia Youth Leadership Academy is not responsible for my child once she/he has left the St. Matthew Baptist Church building.

**Pick-Up:** My child will be picked up from the Metanoia Youth Leadership Academy between 5:30 pm and 6:00 pm. The following people are to be allowed to “sign-out” my child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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