

Registration Application First Impressions Academy 2024/25 Preschool Form

Child's Name	Age DOB	Sex	_
Mother's Name	Occupation	_	
Father's Name	Occupation		
Address			
Phone Number	Email		
students. To ensure that we are able to	r school offers a unique and positive learning meet the needs of all of our students (behave w one child with a diagnosis, IEP, 504 or spec daycare before? Y N	iorally,	
Previous School's Name			
City	State Phone #		
How long did your child attend this scho	ool?		
Why did you choose to leave this schoo	?		
Does your child have any special needs? (Please check all that apply)	Y N		
IEP Speech Behavior Plan	Academically delayed		
Academically Advanced (testing is ne	eded to support this finding)		
ADD/ADHD Autism/Spectrum	Other: Diagnosis		
Has your child ever been expelled from	a previous school, to include daycare?	Yes	No
Is your child fully potty independent?		Yes	No
Has your child ever been recommended	for testing by a teacher, instructor, or coach	? Yes	No
Does your child speak in complete sente	ences?	Yes	No
Do you have any concerns for your child If yes, what concerns?	Yes	No	

Does your child receive sp	eech or OT se	rvices?		Yes	No
If no, have they in the past?					No
*Please note that if questions are answered untruthfully, FIA has the right to terminate re					
without a refund of registr	ration fees or	tuition. We ask the	se questions to ensure that I	Tegistratio FIA is equip	n ped
to handle any and all needs of our students in order for them to be successful.				Initials	
During parent teacher con	iferences has	the teacher mention	ned that your child has troul	hle with an	v of
the following:	irerences, mas	the teacher mentio	med that your child has troul	ore with an	y 01
Focusing?	Yes	No			
Being kind to others?	Yes	No			
Following Directions?	Yes	No			
Being Disruptive?	Yes	No			
Is FIA your first school of c	hoice? Yes N	lo			
Please explain why?					
Please initial below tha	t vou unders	and the commitme	ent that comes along with be	longing to	our
rease initial select tha	-	chool as well as bei	_		ou.
		•	adline of September 1 st , I wi chool year; unless invited up	_	_
I understand that FIA does	s not pay back	registration fees or	tuition paid in full or in adva	ance.	
understand that I must sig them, but I understand the your child and offer them future. We expect that wh a parent. Tuition is also pa employ the amazing staff materials in place to educa office and speak with adm offers meetings upon requaddress any issues, question attendance, and dress code	in that I receive at I must follow a variety of exhen we welcow art of my comunitation at the my child/oxinistration at uest; I can callons or concerde; I understantion at the my child/oxinistration at the my child/o	red a copy of the pow them. FIA provide experiences that will me you into our family mitment; paying tuite and to upkeep the children. FIA has an a time that is converged, email, or meet with that I have. I have and that by applying the state of the st	er and the policies that are in licies and that this means that es and stands by their common positively shape who they are nily that you too follow your ition in full and on time, enal- ir beautiful school, as well as open door policy where I can inient for all parties; my child the Christy by appointment and the read the policies to include to FIA I am promising to follow	at I not onlaitment to the and their commitment to see the see	ent as ated the also
Print:			form can be scanned and ema firstimpressions@rocke		ļ
Sign:			Date		
Office use: Received on _ Notes:		Ар	plication fee \$35 paid by cas	h Ck.#	_ Card