

Third Street Academy Pre-K
600 W. Third Street, Greenville, NC, 27834
www.thirdstreetec.org ; (252)364-2995
bethh@thirdstreetec.org



List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____
Hospital preference _____ Phone _____
Medical Insurance Provider _____
Insurance Policy Number _____

EMERGENCY MEDICAL CARE AUTHORIZATION:

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of _____
Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of _____
Administrator _____ Date _____

Additional Student Information

Ethnicity: __ African-American/African __ Caucasian __ Hispanic __ Other:

Applying for Pre-K starting _____ (month and year)

Student's SS# _____

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FAMILY INFORMATION:

Child lives with: _____

Check any that apply:

Father Deceased Mother Deceased Parents Separated Parents Divorced Parents Married

Legal custody of child Father Mother Guardian Other

Receives mail for child Father Mother Guardian Other

Financial responsibility of child Father Mother Guardian Other

Please share the main reasons for wanting to enroll your child at Third Street Academy:

How did you hear about Third Street Academy?

School Information and Background

Child care last attended _____

Does your child have any physical limitations or handicaps we should know about?

Does your child receive any special services? _____ If yes, please explain further;

No. of Dependents _____ Estimated Annual Household Income _____

(**Note:** This information will be used for planning purposes only. Our mission is to provide an academically rich experience and to serve a diverse community. Family tuition will be discussed at the Parent/Principal interview.)

____ **Yes, I am attaching my \$20 non-refundable application fee.**

Signature of Parent or Guardian

Date

Step 2: Return application and schedule interview with principal and the student assessment

Other Required Documents Needed to complete Application Process:

- Health Assessment
- Immunization Record
- TSA Scholarship Application
- Discipline/Behavior Policy
- NC Child Care Laws
- TSA Handbook Receipt

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