



Puzzles Love Christian Academy

2026-2027 Enrollment Application

Student Information

Date: _____

Last Name:	First Name:	Middle Name:	Nick Name:
Student SSN#	Child's Birthday:	Birthplace:	Gender:
Residential Address:			
City:	Zip Code:	Home Phone:	Cell Phone:
Applying to grade:	Country of Citizenship:	Student Native Language:	
Student Live with:	Siblings: Names / Ages and Grade	Language used at home:	
Has the student been identified as exceptional education? Yes ___ NO ___ EIP ___ AIP ___	Has the Student ever repeated a grade? Yes ___ No ___ If yes which one: _____	Has the student been suspended from any school? Yes ___ No ___	

Academic Information: List of the last three schools attended:

Current School Name:	Address:	Grade:
Previous School:	Address:	Grade:
Previous School:	Address:	Grade:

Parents / Legal Guardians

LAST NAME:	FIRST NAME:	MIDDLE NAME:
Phone Number:	Driver License #:	Relationship:
Email:	Occupation:	Work Phone:
Residential Address:		
City:	Zip code:	Place of employment:
Work Address:	City:	Zip Code:

Parents / Legal Guardians

LAST NAME:	FIRST NAME:	MIDDLE NAME:
Phone Number:	Driver License #:	Relationship:
Email:	Occupation:	Work Phone:
Residential Address:		
City:	Zip code:	Place of employment:
Work Address:	City:	Zip Code:

Additional Information:

Medical History
Allergies
Medication Currently Taking

Insurance Name	Insurance Phone	Policy #	Group#

Emergency Contact and Approved Pick up:

Name:	Phone:	Relationship:

PUZZLES LOVE CHRISTIAN ACADEMY

Emergency Medical Authorization Form

Academic Year: 2026–2027

Student Name: _____

Date of Birth: _____ **Grade:** _____

In the event of a serious accident or medical emergency involving my child, and I cannot be reached, I hereby authorize Puzzles Love Christian Academy (PLAC Academy) to contact appropriate medical professionals and share protected health information necessary for the care of my child.

I understand that in the case of an emergency, PLAC Academy personnel will immediately access the 911 emergency medical system. To ensure prompt and effective care, I give permission for PLAC Academy staff to release medical information to emergency responders, authorize transport to an appropriate medical facility, and permit licensed medical professionals to begin treatment upon arrival.

I also request to be contacted regarding my child’s condition and any hospital admission as soon as possible. If I am unavailable, I authorize the admitting facility to notify one of the emergency contacts I have provided on this form.

I agree to assume full financial responsibility for all costs related to my child’s emergency treatment and transportation.

Please initial next to each authorization:

_____ **Release of medical information to emergency responders**

_____ **Authorization for emergency transport**

_____ **Permission to begin treatment upon arrival**

_____ **Acceptance of financial responsibility**

I have reviewed and received this form and confirm that all the information provided is accurate and up to date.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____

Emergency Contact 1: _____ **Phone:** _____

Emergency Contact 2: _____ **Phone:** _____

Permission to: _____ **Call Doctor** _____ **Call Ambulance** _____ **Treat**

PUZZLES LOVE CHRISTIAN ACADEMY

Parent/Guardian Certification Statement

I certify that the information provided in this application for enrollment at Puzzles Love Autism Christian Academy (PLCA) is complete and accurate to the best of my knowledge.

I have read and understand the Health Services Disclosure provided by PLCA. I am aware that submitting false or misleading information may result in a delay in processing, denial of admission, or withdrawal of my child's enrollment.

Enclosed is my non-refundable application fee of \$295.00 or _____.

By signing below, I acknowledge and accept the terms outlined above.

Student Name: _____

Grade Applying For: _____

Date of Birth: _____

Parent/Guardian Name (print): _____

Signature: _____

Date: _____

PLCA maintains an open admission policy and does not discriminate based on race, gender, religion, national origin, or disability in its application process.

Puzzles Love Christian Academy

451 Eagle Ridge Drive

Lake Wales, FL 33859

Email: janet@puzzlesloveautismfoundation.org

For more information please call: 863-949-4009

PUZZLES LOVE CHRISTIAN ACADEMY

Enrollment Document Submission Checklist

The following documents are required to complete your child's enrollment at Puzzles Love Christian Academy (PLCA). Please check each item as you include in your enrollment packet.

- Copy of Child's Birth Certificate
- Copy of Child's Health Insurance Card
- Copy of Child's Social Security Card
- Florida School Entry Health Examination (Health Certificate)
- Florida Certification of Immunization (Form DH 680)
- Copy of Parent/Guardian Driver's License or Government-issued Photo ID

I acknowledge that the above documents have been submitted as part of my child's enrollment packet.

Student Name: _____

Date of Birth: _____

Parent/Guardian Name (print): _____

Signature: _____

Date: _____