

 **Christian Care Academy** 

ADMISSION APPLICATION

Non-Refundable Registration Fee- \$75.00 per family

Date of Admission: _____

Date of Withdrawal: _____

Student Information: Password: _____ Class: _____ Rate: _____

Student's Name: _____
Last First Middle Initial

Child Social Security#: _____ Ethnicity: _____

Address City State Zip Code

Date of Birth: _____ Sex: _____

Parent Information:

Mother's Name: _____ Father's Name: _____

Social Security#: _____ Social Security#: _____

Drivers License #: _____ Drivers License #: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

Signature of Parent/Legal Guardian

Date

Medical Information:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Doctor: _____ Address: _____ Phone: _____

Emergency Medical Care Facility _____ Phone: _____

Address: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Please provide a list of the child's allergies, special dietary needs, and other areas of concern: _____

Helpful Information about Child:

Other Siblings at this Facility:

_____ Name	_____ Class	_____ Name	_____ Class
_____ Name	_____ Class	_____ Name	_____ Class

School Aged Children Only:

School Name: _____ Phone Number: _____

Address: _____

Bus Number: _____ Dismissal Time: _____ Estimated Arrival Time: _____

Signature of Parent/Legal Guardian

Date

Authorized to Contact/Release

Child will be released only to the legal guardian(s) and the persons listed below upon presentation of photo ID and specified password. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the legal guardian(s) cannot be reached.

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Name	Relationship to Child	Cell#
Address	Home#	Work#

•

Name	Relationship to Child	Cell#
Address	Home#	Work#

•

Name	Relationship to Child	Cell #
Address	Home#	Work#

•

Name	Relationship to Child	Cell #
Address	Home#	Work#

•

Name	Relationship to Child	Cell #
Address	Home#	Work#

•

Name	Relationship to Child	Cell #
Address	Home#	Work#

Signature of Parent/Legal Guardian

Date

Check all that apply:

Transportation:

_____ I hereby give consent for my child to be transported and supervised by the Christian Care Staff:

_____ for emergency care _____ on field trips _____ to and from home _____ to and from school

_____ I hereby do not give consent for my child to be transported and supervised by the Christian Care Staff.

Field Trips:

_____ I hereby give consent for my child to participate in field trips.

_____ I hereby do not give consent for my child to participate in field trips.

Water Activities:

_____ I hereby give consent for my child to participate in water activities:

_____ sprinkler play _____ splashing/wading pools _____ swimming pools _____ water table play

_____ I hereby do not give consent for my child to participate in water activities.

Receipt of Parent Handbook:

_____ I acknowledge receipt of the Christian Care Academy handbook.

Meals/Normal Care Hours:

I understand that the following meals provided by parent's will be served to my child while at Christian Care Academy and understand that the child-care center is not responsible for the meals nutritional value or for meeting the child's daily food needs:

___ None ___ Breakfast ___ AM Snack ___ Lunch ___ PM Snack ___ Dinner ___ Evening Snack

My Child is normally in care on the following days and times:

___ Mondays	From: _____	To: _____
___ Tuesdays	From: _____	To: _____
___ Wednesdays	From: _____	To: _____
___ Thursdays	From: _____	To: _____
___ Fridays	From: _____	To: _____

Extended Program:

_____ until 7 pm _____ until 8 pm

Signature of Parent/Legal Guardian

Date

School Aged Children Only:

Check all that apply:

His/her immunization record are on file at the school and all required immunizations and/or tuberculosis test are current.

Vision and Hearing screening records are also on file.

My child has permission to ride a bus. My child has permission to walk to and from school.

My child has permission to be released to the care of his/her sibling(s) under 18 years old.

I hereby verify that all information that I have provided above is complete and accurate. I agree to notify Christian Care of any change to the information provided.

Signature of Parent/Legal Guardian

Date