



Student Application

Pre-Kindergarten for 20_____ School Year

Preference of Day: Monday/Wednesday_____ Tuesday/Thursday _____

Classes are filled on a first come, first serve basis. Please be aware that CCA needs to have five students in each PreK class in order to make a class full. If both classes do not meet this requirement, CCA reserves the right to consolidate classes if necessary and will notify parents accordingly.

A. Student Information

Name
(First)_____ (Middle)_____ (Last)_____

Date of Birth _____ Age _____ Grade entering _____ Male _____ Female _____

B. Parent/Guardian Information (those living in student's household)

Father's Name _____

Address _____ City _____

State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell
Phone _____

Employer _____ Occupation _____

Employer Address _____ City _____

State _____ Zip _____

E-mail Address: Primary _____ Secondary _____

Marital Status: married widowed divorced separated remarried

Mother's Name _____

Address _____ City _____

State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Employer Address _____ City _____

State _____ Zip _____

E-mail Address: Primary _____ Secondary _____

Marital Status: married widowed divorced separated remarried

C. Family Information

List all brothers and sisters, their ages, and the school they attend.

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Are you acquainted with anyone attending Christian Core Academy? _____

If yes, whom? _____

If you are new to CCA, how did you learn about us?



D. Personal Information

In order of priority, please list and explain three (3) reasons why you are seeking admission for your child(ren) to Christian Core Academy:

1. _____

2. _____

3. _____

E. Church Information

Does your family attend church? _____

Church attending _____ Pastor _____

Address _____ City _____

State ____ Zip _____

Do the student's parents attend regularly? _____

Involvement: _____

Does the student attend regularly? _____

Involvement: _____

F. Character Development

Parents, please respond on the following, giving us an idea of how you view your child. Check the applicable boxes using #4 as the strongest and #1 as the weakest.

QUALITIES	1	2	3	4
OBEDIENCE: responds willingly and immediately to wishes of authority				
RESPECTFULNESS: shows esteem and honor for God, others, self and toward property				
SELF-CONTROL: keeps hands to self; controls talking, emotions and behavior				
RELIABLE: trustworthy and dependable in word and deed				
COURTEOUS: is polite, kind, considerate, gracious, patient, forgives, shares				
ATTENTIVENESS: pays careful attention; listens fully				
DILIGENCE: good effort; makes good use of time; completes tasks and gets work in on time				
NEATNESS: is clean, organizes and cares for personal possessions, work and appearance				

G. Student Academic Profile

What do you see as your child's academic strengths?

What do you see as your child's academic weaknesses?

Has your child ever been recommended for testing, tested and/or diagnosed for any of the following? Check all that apply. If any are checked, please explain the situation below giving specific information.

- Attention Deficit Disorder
- Dyslexic
- Hyperactivity
- Learning disability

- Speech/language impairment
- Hearing impairment
- Visual impairment
- Other: _____

Explanation of the above condition(s):

Adults Authorized to Pick Up My Children

Name: _____ Phone: _____
Relationship: _____
Address: _____

Name: _____
Phone: _____
Relationship: _____
Address: _____

Name: _____ Phone: _____
Relationship: _____
Address: _____

Note: *If a person not on this list is to pick up your child, written notice is required giving the school authorization to release your child to this person (email is acceptable). Please include the cell phone number of that person. In an emergency, call the school office and give verbal permission.*

Please be aware that your child will not be released to individuals without your specific authorization. Inform anyone picking up your child to park and go inside to pick up the student. A valid photo ID must be presented in order for the student to be released to them.

Parent/ Guardian Signature: _____

Printed Name: _____

Student Name: _____

Date: _____

Student(s) Name:

Emergency & Permission Information

(Must be completed before registration is complete)

In case of emergency, call (if parents cannot be reached)

1) _____ Phone: _____

2) _____ Phone : _____

Family or Student's doctor: _____ Phone: _____

Address: _____

Family or Student's dentist: _____ Phone: _____

Address: _____

Family or Student's Preferred Hospital Choice: _____

Phone: _____ Address: _____

Medical Insurer/ Health Plan: _____ Policy Number: _____

Allergies to Medications : _____

Health Factors

Describe all conditions for which the child is currently receiving treatment, or any health concerns, i.e. allergies, diseases, etc. Give as many details as possible. Is your child presently on any medication on a regular basis? If so, list the medication and the reason.

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) AND RELEASE OF LIABILITY

I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for Christian Core Academy authorized adult (hereafter "Designated Adult") to administer general first aid for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and to treat the minor and to issue consent for any Xray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective for the school year: **20__-20__**

Parent/Legal Guardian Signature: _____

Printed Name: _____ Student Name: _____

Date Signed: _____