



## Students to be enrolled for 2021-22

Student's Name	Gender M/F	Birth date	Grade Entering	Circle Current or New enrollment
1.				Current New
2.				Current New
3.				Current New
4.				Current New
5.				Current New

➤ Church Attending \_\_\_\_\_

➤ Pastor's Name \_\_\_\_\_

## **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 : \_\_\_\_\_

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.

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### **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: \_\_\_\_\_