Student Registration Form 2023-24



<u>Complete all pages and turn in by</u> **January 26, 2023**. A non-refundable registration fee of \$400/child, max

\$850/family, is due upon the return of this registration form—please

attach your check to your registration form. This will serve to hold your child's spot for the 2023-24 school year and will be deposited upon receipt.

This document does not serve as an application for students who have not been at CCA before. Please see the office for an enrollment packet for new students (**including younger siblings**).

**Please put an "X" in the box next to the address where you would like to receive school mailings.

	Mother's name	
	Address	
Zip Code	City/State	Zip Code
	Home Phone	
Work phone	Occupation	Work phone
	Employer	
E-mail	Cell phone	E-mail
	Work phone	Zip Code City/State City/State Home Phone Work phone Occupation Employer

Special instructions for reaching parent or guardian:

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 <u>not</u> 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 <u>will not</u> 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)

regular basis? If so, list the medication and the reason.

In case of emergency, call (if parents	cannot be reached)	
1)	Phone:	
2)	Phone :	_
-	Phone:	
Family or Student's dentist:	Phone:	
Family or Student's Preferred Hospita	al Choice:	_
Phone:Address:		
Medical Insurer/ Health Plan:	Policy Number:	
Allergies to Medications :		_
<u>Health Factors</u>		
	child is currently receiving treatment, or any head details as possible. Is your child presently on any	

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 f	or the school	year: 20_	20

Parent/Legal Guardian Signature: _____

Printed Name:	Student N	lame:

Date Signed: _____