

Year \_\_\_\_\_

## REGISTRATION FORM

**STUDENT** \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ SS # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Application for Grade: \_\_\_\_\_ Prev. Grade Completed: \_\_\_\_\_

**SCHOOL HISTORY** (Last School Listed First)

<u>SCHOOL</u>	<u>ADDRESS</u>	<u>GRADE LEVEL</u>
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**FATHER** \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Home Cell

(Check One)    \_\_\_ Natural    \_\_\_ Adoptive    \_\_\_ Step    \_\_\_ Foster    \_\_\_ Legal Guardian

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**MOTHER** \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Home Cell

(Check One)    \_\_\_ Natural    \_\_\_ Adoptive    \_\_\_ Step    \_\_\_ Foster    \_\_\_ Legal Guardian

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Student Lives with: \_\_\_\_\_

**FAMILY** (Other Children)

Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____

**Emergency/Pick-Up/Release Authorization:** (please list in order of priority)

Last Name	First Name	Phone	Relationship	Please Check Status Below
_____	_____	_____	_____	<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up/Release
_____	_____	_____	_____	<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up/Release
_____	_____	_____	_____	<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up/Release
_____	_____	_____	_____	<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up/Release

Has the student ever been disciplined, suspended or dismissed at any school? \_\_\_ No \_\_\_ Yes If Yes please explain

Are there any special needs or low academic areas that the student has that we should be aware of? \_\_\_ No \_\_\_ Yes  
If Yes please explain

### HEALTH INFORMATION/CONSENT FOR MEDICAL TREATMENT

Allergies \_\_\_\_\_

Is student allergic to bee stings? \_\_\_ Yes \_\_\_ No (If Yes, please describe below)

Is student allergic to peanuts or peanut products? \_\_\_ Yes \_\_\_ No (If Yes, please describe below)

Does student have any of the following medical conditions (mark only if applicable)?

\_\_\_ Asthma                      \_\_\_ Vision Problems                      \_\_\_ Diabetes                      \_\_\_ Epilepsy  
\_\_\_ Heart Disease                      \_\_\_ Blood Disease                      \_\_\_ Hearing Problems                      \_\_\_ Other

(If you marked any of these conditions, please describe below.) Comments to previous questions:

Are there any additional medical needs or health problems that we should be aware of? \_\_\_ Yes \_\_\_ No  
(If Yes, please describe below)

Date of child's last physical \_\_\_\_\_

**In case of emergency, illness or accident involving your child, CCA is authorized to proceed by calling the Parent/Guardian(s) listed on front of page.**

#### AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

In the event that I cannot be reached to make any arrangements for emergency medical care at the time of an accident or illness, I hereby authorize Cornerstone Christian Academy to call or take my child to:

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

or to...Name of Hospital \_\_\_\_\_ Insurance Information \_\_\_\_\_

Primary Card Holder \_\_\_\_\_ Social Security Number \_\_\_\_\_

By typing in your name and dating below is considered a digital signature and indicates that you grant permission: (1). To have your child transported to a medical facility for emergency care, to be treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. (2). To emergency treatment to include first aid and CPR by a qualified staff member at Cornerstone Christian Academy. (3). In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, examinations, hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment. (4). To have your child participate in all medical assessment activities, including vision, hearing, dental, and developmental screening programs and (5). For the school to release pertinent medical information concerning your child to any professional involved in the health care of your child.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian