

REGISTRATION INFORMATION

Admission Date _____

Enrolling / Re-Enrolling for: Fall-Spring Summer Aftercare School Year: 20____ - 20____

Entering Class: 18 month old PreK2 PreK3 PreK4 K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

STUDENT

Name: First _____ M _____ Last _____ Nickname: _____ Sex: M F

Birth date: _____ Home Phone: _____ Address: _____ City: _____ State: ___ Zip: _____

PARENTS: Married Divorced Separated Widowed Single

Please check the number where you would like to be reached first.

Father: _____ Drivers License #: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Mother: _____ Drivers License #: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Alternate person to call in the case of an emergency: (This person must be added to the Pick-Up List on the back of this form.)

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is this person authorized to make medical decisions for your child if you cannot be reached? Y N

Student's Doctor: _____ Phone: _____

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If we are unable to reach you, it is imperative for your child's health, that we have legal grounds to make medical decisions for your child. If you carry medical insurance on your child, a copy of their insurance card would be a benefit to us if an emergency should occur.

PERMISSION FOR MEDICAL TREATMENT

I hereby authorize Summit Christian Academy to administer care and treatment for my son/daughter. Such care may include evaluation of treatment of injuries and illnesses and the administration of CPR or other life-saving practices. I give permission to Summit Christian Academy to secure proper treatment for my son/daughter in case of medical emergency, provided they are unable to communicate with me and, if, according to their best professional judgment, further delay might jeopardize the welfare of my child. The student and his/her parents or legal guardian hereby agree to hold harmless, and release and discharge Summit Christian Academy, and employees resulting from any and all claims and demands they may have against the school, and employees resulting from their decision in the time of the medical emergency.

Parent/Guardian Signature _____ Date: _____

PICK-UP INFORMATION

The following people **HAVE** permission to pick-up the child/children named below from the Summit Christian Academy. It is the parent’s responsibility to notify the school office in writing of any changes.

	Person 1	Person 2
Name		
Relation		
Home Phone		
Cell Phone		
	Person 3	Person 4
Name		
Relation		
Home Phone		
Cell Phone		

The following people **MAY NOT** pick-up my child(ren) from Summit Christian Academy.

	Person 1	Person 2
Name		
Relation		

Please state any information about this person we might need, such as a restraining order, pending charges, etc.

If this person should attempt to pick up your child, what procedure should we follow?

Note: Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without **WRITTEN** permission from the parent.

Mother/Guardian's Signature

Date

Father/Guardian's Signature

Date