



Sisters Christian Academy Family Registration Information 2019-2020

PARENT/GUARDIAN INFORMATION

FATHER: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> relationship:		Father's date of birth:
First Name:	Last Name:	
Phone: H) _____ W) _____ C) _____		
Home Address:	Mailing Address (if different):	
City/State/Zip		
Email Address:		
Employer:		
Employer's Address:		

MOTHER: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> relationship:		Mother's date of birth:
First Name:	Last Name:	
Phone: H) _____ W) _____ C) _____		
Home Address:	Mailing Address (if different):	
City/State/Zip		
Email Address:		
Employer:		
Employer's Address:		

MEDICAL/DENTAL CONTACT INFORMATION

Primary Insurance Provider:	Phone #	Medical Policy Number:
Primary Physician Name:	Phone #	Medical Group Number:
Dental Provider:	Phone #	Secondary Medical Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST ALL STUDENTS AT SCA AND OTHERS IN THE HOME

Name	Male / Female	Date of Birth	Student at SCA	Others in home & relationship
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY REGISTRAION INFORMATION FORM (SIGNATURE AND DATE REQUIRED) (Page 1 of 2)

**Sisters Christian Academy
Family Registration Information
2019-2020**

Parent's First and Last Name: _____

REQUIRED EMERGENCY CONTACT INFORMATION

<i>Name</i>	<i>Relationship</i>	<i>Phone: Home</i>	<i>Phone: Cell</i>
1.			
2.			
3.			
4.			
5.			

NON – EMERGENCY CONTACT / PERSON'S AUTHORIZED TO PICK-UP CHILD (Other than Parent or Guardian)

<i>Name</i>	<i>Relationship</i>	<i>Phone: Home</i>	<i>Phone: Cell</i>
1.			
2.			
3.			
4.			
5.			

PARENT OR GUARDIAN AUTHORIZATION

I AGREE/GIVE CONSENT TO THE FOLLOWING

- I have received and will read the information and policies in the current school year Sisters Christian Academy Parent/Student Handbook.
- I agree to abide by the information and policies in the current school year Sisters Christian Academy Parent/Student Handbook.
- My Child(ren) may be photographed both on and off school site.
- I give consent for my Child(ren)'s photo to be used in SCA promotional materials, publicity, news purposes, and/or media interview.
- Media waiver: I give permission to publish schoolwork, photograph(s), first name and non-confidential information of my student on the Web (including SCA's Facebook page and SCA Dropbox available to all parents).
- I give permission for my Child(ren) to participate in SCA fundraisers, community events and service projects.
- I am aware of and will abide by the Sisters Christian Academy Dress Code.
- I am aware, will read and agree to have my Child(ren) follow the rules regarding the Student Internet Policy.

In an EMERGENCY, the child care facility and school has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

**Sisters Christian Academy
Student Information
Enrollment 2019 – 2020**



Pre-School (3 years old by September 1)
 Pre-Kindergarten (4 years old by September 1)

Kindergarten through 8th Grade
 Entering Grade _____

Family Last Name: _____

Student's First Name _____ Middle _____ Last Name _____

Nickname _____

Date of Birth: Month _____ Day _____ Year _____ Age as of September 1, 2019 _____ Male Female

Year first began school _____ School Start Date 2019 _____ Expected Year of High School Graduation _____

STUDENT HEALTH / MEDICAL INFORMATION * PROOF OF IMMUNIZATIONS REQUIRED AT SCA BY DECEMBER 1 *** PARENT'S INITIALS _____**

Does your child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	List all allergies or other health problems, including instructions for providing best care in regard to stated conditions.
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Has your child had chicken pox? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do any of the medical conditions restrict the child's activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
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I GIVE PERMISSION TO EACH OF THE FOLLOWING

- My Child may be taken on field trips or excursions by, private motor vehicle, bus, as well as neighborhood walking excursions under required supervision.
 - (See additional "General Field Trip Release" arrangement/agreement form.)
- My child may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).
- My Child may be photographed for publicity or news purposes: Both ON School Site and OFF School Site
- My Child may be given non-prescribed medication as indicated on the container. (Please list any allergies and restrictions on reverse side.)
- **This may include:** sunscreen, children's pain reliever, upset stomach reliever, cough drops, antibacterial first aid cream/ointment, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. **PRESCHOOL:** *for preschool – age children, the child's parent or guardian will be contacted prior to administering non-prescribed pain relievers. Prescription medications must be current. A permission slip is required for each prescribed medication and the medication must be in the original prescription container.*

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PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

**Sisters Christian Academy
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PLEASE ANSWER ALL APPLICABLE QUESTIONS

STUDENT'S NAME _____ Parent's First and Last Name: _____

FOR PRESCHOOL/CHILD CARE ONLY - Please include all information that will assist us in providing quality care for your preschooler.

Has your child previously been in Child Care? YES [] NO []	
If yes, where?	How long?
Likes and dislikes:	
Eating habits:	
Sleep habits:	
Play:	
Special Words and their Meanings:	

FOR K – 8 STUDENTS

MY CHILD HAS PERMISSION TO: (please specify)

[] work with a teacher after school.	Initial:
[] attend an extracurricular class.	Initial:
[] attend an extracurricular meeting.	Initial:
[] depart for home at a specific time.	Initial:
[] specify other:	Initial:

ALL CHILDREN: PARENT OR GUARDIAN AUTHORIZATION SPECIAL TRANSPORTATION ARRANGEMENTS

CCD requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan: The above mentioned child attends Sisters Christian Academy. He / She will be transported/escorted between the child care facility and extracurricular activities by privately owned vehicles of Sisters Christian Academy volunteers.

Check if applicable: [] My child will arrive/depart unescorted with my permission.

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____