cornerstone
christian academy

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)

SCHOOL	ADDRESS	GRADE LEVEL

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
				Emergency ☐ Pick-up/Release ☐
				Emergency ☐ Pick-up/Release ☐
				Emergency ☐ Pick-up/Release ☐
				Emergency ☐ Pick-up/Release ☐

(Revised March 2008)
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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

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