

Student Name: \_\_\_\_\_



# PRE-SCHOOL REGISTRATION FORM CANDIES CREEK ACADEMY 2017-2018

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Grade Enrolling: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
DOB: \_\_\_\_\_

## UPDATED CONTACT INFORMATION

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_  
Emails: \_\_\_\_\_  
Employer (Father): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_  
Employer (Mother): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

## MEDICAL INFORMATION

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Does your child have any known **ALLERGIES**? \_\_\_\_\_  
Does your child have **any health/medical conditions** the school should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
Prescription medication child is currently taking: \_\_\_\_\_

CCA will not administer over the counter or prescription medication to a child without dated written permission from a parent. Please call the office for specific needs.

## PICK UP INFORMATION

The following persons can pick up my student from CCA: \_\_\_\_\_  
\_\_\_\_\_



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## EMERGENCY CONTACT INFORMATION

In case of emergency please contact the following person (Other than Parent, Must be on Pick Up List);

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

## PERMISSION AND RELEASE/EMERGENCY MEDICAL TREATMENT

By signing below, I give permission for my child, \_\_\_\_\_, to take part in all school activities, including school-sponsored trips away from school premises. In the event my child becomes ill or is injured while under school supervision, I authorize school authorities to take the following steps:

- Contact a parent of the student and follow his/her instructions;
- In the event neither parent can be reached, contact the student's physician and follow his/her instructions.
- If the student's physician cannot be reached, contact at their discretion, a licensed, practicing physician and to follow his/her instructions.

I agree to release the board and any school employee from any and all liabilities in connection with these activities and instructions, and to hold them harmless from injury or damage caused to my child.

EXCEPTIONS (if any): \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRANSPORTATION AGREEMENT FOR PRESCHOOL CLASS

By signing below, I state that I understand that I (we), the parent(s), am responsible for transportation to and from school, as well as any field trips my child's class may take during the school year.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## STATEMENT OF COOPERATION

In signing this registration form, I understand that:

- I give consent for photos that may contain my child to be used in conjunction with Candies Creek Academy.
- Since the fees do not cover the actual cost of educating my child, I recognize that our participation is needed in prayer, service and gifts in order to properly share in his/her training.
- I have read the Articles of Faith of Candies Creek Baptist Church and understand that Candies Creek Academy is a ministry of the church and while attending CCA my child will be instructed under these beliefs.
- The school reserves the right to dismiss any student who does not respect its standards or cooperate in the educational process.
- I pledge loyalty to the aims of the school and will bring any and all questions and criticisms directly to the administration so that they may be properly considered by those in authority.
- We will read the Student Handbook and will cooperate fully in seeing that the rules and regulations laid down there are met.
- The teacher and administration are hereby given full discretion in the discipline of our child. This would include the issuing of disciplinary referrals, detention, suspension and expulsion from the school program.
- This statement of cooperation will be in effect for as long as my child is at Candies Creek Academy.

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Parent/Legal Guardian printed name

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Date

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Parent/Legal Guardian signature