

BEFORE & AFTER CARE

This application must be filled out completely, SIGNED on the back page, and returned to the Preschool Office with the \$50.00 Non-Refundable Enrollment Fee.



CORDOVA

CHRISTIAN ACADEMY

School Year _____ Date of Application _____
() Before & After () Before Only () After Only () Summer Camp

For Office Use Only:

Date Received

Fee Paid

STUDENT APPLICANT

Full Name: _____ Date of Birth: _____ Sex: () M () F
Preferred Name: _____ Student's Social Security #: _____
Home Address: _____ Home Phone: _____
Street
_____ Church Attending: _____
City State Zip Code
Present School: _____ Current Grade: _____
Is your health form on file with the school named above? () Yes () No explain: _____
Is applicant a sibling of a current CCA student? () Yes () No If Yes, name _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____
Home Address: () same as above Home Address: () same as above
_____ *Street* _____ *Street*
City State Zip Code _____ *City State Zip Code*
Home Ph. _____ Cell Ph. _____ Home Ph _____ Cell Ph _____
Email Address: _____ Email Address: _____
Employer: _____ Employer: _____
Work Address: _____ Work Address: _____
Work Ph: _____ Work Ph: _____
Church Attending: _____ Church Attending: _____
Father's Marital Status: *check one* Mother's Marital Status: *check one*
() Married () Divorced () Remarried () Single () Married () Divorced () Remarried () Single
Child lives with: _____ Siblings: _____

PERMISSION TO PICK UP CHILD FROM CCA

The following people HAVE permission to pick your child up from Cordova Christian Academy.

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

STUDENT INFORMATION

Pediatrician's Name: _____ Phone Number: _____

Medical Insurance Company: _____

Policy Number: _____ Phone Number: _____

Preferred Emergency Hospital: _____

Does applicant have allergies? () No () Yes, please explain in detail _____

Has applicant previously attended Cordova Christian? () Yes () No If so, give year and grade _____

Has applicant ever been diagnosed as having any learning disorders or learning disabilities? () Yes () No

Explain: _____

Will applicant be taking any daily prescription medication which will affect his/her day? () Yes () No

Explain: _____

List any health problems or special needs your child may have: _____

What practices do you follow that provide spiritual strength for your family? _____

TUITION CONTRACT

Contract will be issued to the child's legal guardian. Who is the child's legal guardian? _____

If tuition payments are to be handled by another source, please note and indicate the relationship to applicant.

Name: _____ Relationship to Student: _____

Address: _____ Phone Number: _____

RELEASE OF ALL CLAIMS

In consideration of my child being allowed to participate in activities sponsored by Cordova Christian Academy, I hereby release, discharge, indemnify, and agree to hold harmless Cordova Christian Academy, it's directors, employees, and volunteers from any and all liability for personal injuries and/or damage(s), or illness that may be suffered by (child's name)_____. I/we further agree to indemnify and hold harmless Cordova Christian Academy, it's directors, employees and volunteers for any claim and/or damages it is required to pay as a result of any injury or damage, including reasonable attorney fees, litigation expenses and court costs.

MEDICAL TREATMENT CONSENT

When there is a medical emergency, or when a child needs immediate medical treatment, an employee of Cordova Christian Academy will take all reasonable steps to see that the child(ren) in our care receive adequate medical attention. If the parent(s) cannot be reached in an emergency, an employee of Cordova Christian Academy will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child. If the child must be taken to the hospital, 911 will be called and the child will be taken to the hospital identified. If circumstances dictate it is more reasonable to bring the child to another hospital, CCA will authorize this. In the situation where the parent(s) or person(s) authorized cannot be reached the parent authorizes the child's doctor to provide appropriate medical treatment. Cordova Christian Academy is released of all claims or liability due to sickness or injury.

Person(s) Authorized to give permission for Medical Treatment

Name:_____ Address:_____

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

Name:_____ Address:_____

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

NOTARIZATION FOR MEDICAL TREATMENT CONSENT

Notarization must be done by both LEGAL GUARDIAN(S). If there is only one legal guardian please indicate.

Father/Guardian

Mother/Guardian

Print Name:_____

Print Name:_____

Signature:_____

Signature:_____

Date:_____

Date:_____

Notary Signature:_____

Date:_____

OFFICIAL SIGNATURE(S)

I/We submit this application with an understanding and acceptance of all the rules, conditions, and requirements on this application and in the handbook of Cordova Christian Academy. I/we further agree to abide by such policies and procedures while my child(ren) are enrolled at CCA. I/we understand that withholding or misrepresenting information requested on this application may jeopardize enrollment at Cordova Christian Academy. A tuition contract, once issued, signed, and returned with all appropriate monies will constitute an agreement to enroll. No reductions will be made for withdrawal, for dismissal, or for absence. I/we understand that the \$50.00 Enrollment Fee is Non-Refundable.

Parent/Guardian

Date

Parent/Guardian

Date