

## ADMISSIONS CRITERIA

### Junior Kindergarten & Kindergarten

- Jr. Kindergarten: The recommended birthday cutoff for admission is August 15 of the school year the student wishes to enter. Your child must turn four (4) by the date above to be admitted to Jr. Kindergarten.
- Kindergarten: The birthday cutoff for admission is August 15 of the school year the student wishes to enter. Your child must turn five (5) by the date above to be admitted into Kindergarten.

### First Grade through Fourth Grade

- A copy of the following records must be submitted with application:
  - Most current report card
  - Any education or psychological testing
- Have satisfactory attendance for previous year.
- Have satisfactory behavior history ( at home, in school and in the community)

## ADMISSION PROCEDURE

- A. Schedule a visit to the school and confirm availability.
- B. Submit an Application and the additional forms below.
  - a. All Students:
    - i. Immunization Records – *Before/After Care please list school where form is on file.*
    - ii. Official Signatures
    - iii. Photo Release
  - b. Elementary Students Only:
    - i. Completed Transcript Release Form
    - ii. Certified copy of birth certificate
    - iii. Doctor Statement of Health (Kindergarten & new incoming students)
- C. Meet with Financial Manager/ Director to pay all fees required and sign Enrollment Agreement.
  - a. Application Fee
  - b. Book Fees or Activity Fee
- D. Schedule an orientation meeting with the Elementary or Preschool Director.

### ADMINISTRATIVE EMAILS:

Preschool Director: Melissa Dedman  
Elementary Director: Pamela Strong

[director.preschool@cordovachristian.com](mailto:director.preschool@cordovachristian.com)  
[director.elementary@cordovachristian.com](mailto:director.elementary@cordovachristian.com)



# STUDENT APPLICATION

*This application must be filled out completely,  
SIGNED on the back page, and returned with  
the non-refundable registration fee.*



School Year \_\_\_\_\_ Grade Applying For \_\_\_\_\_

Date of Application \_\_\_\_\_

**For Office Use Only:**

Date Received

Fee Paid

Class:

Start Date:

## STUDENT APPLICANT

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ( )M ( )F

Preferred Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_

*Before & After Care Only:* Is your health forms on file with the school above? ( ) Yes ( ) No

*Before & After Care Only:* Please select a program. ( ) Before Care ( ) After Care ( ) Both Before & After

*Preschool Only:* Days Requested ( ) Full-Time ( ) Part-Time

## 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: \_\_\_\_\_

**PERMISSION TO PICK UP CHILD FROM CCA**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**STUDENT HEALTH INFORMATION**

Pediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Emergency Hospital: \_\_\_\_\_

Does student have allergies? ( )No ( )Yes, please explain in detail \_\_\_\_\_

Will student 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: \_\_\_\_\_

## 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 Cordova Christian Academy to seek medical treatment for the child. I understand I will be responsible for such medical payments if they should arise.

### Person(s) Authorized to give permission for Medical Treatment

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Yes, I/We give consent for the above person(s) and Cordova Christian Academy to seek medical treatment for my child in cases of emergency and when the parents cannot be contacted. BOTH LEGAL GUARDIANS MUST SIGN.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 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. An enrollment agreement, 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 Registration Fee is Non-Refundable. I/We have also read the Tennessee Licensing Requirements & Child Abuse Prevention information given to us by CCA.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



# STUDENT INFORMATION PAGE

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

My child's nickname is: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Parents are (circle one) together      separated      divorced      Child lives with: \_\_\_\_\_

Mother/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Father/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Siblings \_\_\_\_\_

People that may pick up your child from CCA (name & relation) \_\_\_\_\_

Names by which your child calls their grandparents? (Mother's Side) \_\_\_\_\_

(Father's Side) \_\_\_\_\_

Do you have any pets? Please include their names \_\_\_\_\_

Does your child have any special fears or anxieties? \_\_\_\_\_

Does your child have allergies? If so, list them and give restrictions, if any. \_\_\_\_\_

My child's favorite and least favorite foods \_\_\_\_\_

Other dietary information \_\_\_\_\_

The best way to describe my child's personality is \_\_\_\_\_

Over the course of the school year, I/we would like to see my child learn or work on the following skills or activities

Other important information \_\_\_\_\_

*Please use the back of this form to tell us any other information that you would like us to know about your child.*