



CENTRAL
CHRISTIAN
ACADEMY

CCA APPLICATION: K5-12TH ENROLLMENT

Date of Application: _____ **Name of person completing application:** _____

Student Information:

Student Name: _____
(Last) (First) (MI) (Suffix)

Preferred Name: _____ Title: _____ Grade Level: _____

Date of Birth: _____ Gender: Male Female SSN: _____ - _____ - _____

Church Affiliation: _____

Father's Information:

Father's Name: _____
(Last) (First) (MI) (Suffix)

Preferred Name: _____ Title: _____ Marital Status: _____

Phone: _____ Church: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Work Phone: _____

Mother's Information:

Mother's Name: _____
(Last) (First) (MI) (Suffix)

Preferred Name: _____ Title: _____ Marital Status: _____

Phone: _____ Church: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Work Phone: _____

****If the student's parents/guardians are divorced, please attach a copy of the Permanent Parenting Plan. ****

****If the student is adopted, please attach a copy of your adoption decree. ****

Previous School Information:

• Name of previous school attended: _____

• Address of Previous School: _____

• Check Primary Way Home: Carline Afterschool Care



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EMERGENCY CONTACT LIST

Please list three adults outside of the primary parent/guardians who are to be contacted in case of an emergency if you are unable to be reached:

1. Name: _____

Relationship to student: _____

Phone Number: _____

Address: _____

DL Number: _____

2. Name: _____

Relationship to student: _____

Phone Number: _____

Address: _____

DL Number: _____

3. Name: _____

Relationship to student: _____

Phone Number: _____

Address: _____

DL Number: _____



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APPROVED PICKUP LIST

Please list a minimum of three adults outside of the primary parent/guardians who are ALLOWED to pick up your child (these may be the same as your emergency contacts):

1. Name: _____
Relationship to student: _____
Phone Number: _____
Address: _____
DL Number: _____
2. Name: _____
Relationship to student: _____
Phone Number: _____
Address: _____
DL Number: _____
3. Name: _____
Relationship to student: _____
Phone Number: _____
Address: _____
DL Number: _____
4. Name: _____
Relationship to student: _____
Phone Number: _____
Address: _____
DL Number: _____
5. Name: _____
Relationship to student: _____
Phone Number: _____
Address: _____
DL Number: _____

• Parent/Guardian Signature: _____ Date: _____



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DO NOT PICKUP LIST

(Please note that CCA will NOT release students to anyone not listed on your approved pickup list.) Please list anyone who CCA may need to be aware of regarding your child(ren) for security purposes:

1. Name: _____

Relationship to student: _____

Notes: _____

2. Name: _____

Relationship to student: _____

Notes: _____

3. Name: _____

Relationship to student: _____

Notes: _____

4. Name: _____

Relationship to student: _____

Notes: _____

5. Name: _____

Relationship to student: _____

Notes: _____

• Parent/Guardian Signature: _____ Date: _____



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MEDICAL INFORMATION

Medical Care Provider:

- Physician Name: _____ Phone: _____
- Dentist Name: _____ Phone: _____
- Preferred Hospital: _____ Phone: _____
- Insurance: _____ Phone: _____
- Policy Number: _____
- Date of most recent Tetanus or DPT immunization: _____

Medical Waiver (both parties initial each section and sign):

_____ CCA does not have a hired licensed nurse on staff, but there are always CPR certified staff on hand during school hours. For this reason, CCA will not administer or supply medications to a student unless provided such by the parent/legal guardian. CCA does not and will not stock or supply any medication except for Benadryl for allergic reaction cases only.

_____ If a family would like to leave medication on file for staff to administer, a medical waiver must be filled out per student, per medication and the parent/legal guardian is responsible for bringing the aforementioned in person. Verbal permission to CCA Staff will not substitute for a waiver and will not constitute administration of meds to a child. If CCA does not receive a waiver for each individual student for each specific medication, then CCA will not administer said medication to said student. Any approved medication left on file with a waiver will be logged for records as it is administered to said student.

_____ CCA must be provided with the original containers for each over-the-counter medication for each student with the individual student's name on said container. CCA must be provided with any original prescription containers with the prescribing doctor's name included per student, per prescribed medication along with any and all protocol instructions.

By signing below, I certify that I understand the above and I hereby release Central Christian Academy (CCA) of Martin, Tennessee, its staff, and representatives from any liability for accidents or injury sustained by my child in conjunction with any event.

● Signature of Parent/Legal Guardian: _____ Date: _____

● Signature of Parent/Legal Guardian: _____ Date: _____



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ALLERGY LIST

Student Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Allergies (please list all): _____

Prescription medicine for above allergies: _____

Protocol for Breakout of above allergies: _____



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Anaphylaxis Treatment Plan:

- Has the student been educated on signs and symptoms of anaphylactic reaction and able to notify an adult if experiencing these symptoms: Yes No
- If exposed to an allergen, do you administer Benadryl before using EpiPen/EpiPen Jr.? Yes No
 - o If yes, please request a medical waiver to leave an EpiPen on file with protocol instructions.
- Please list any other medical information or physical problems: _____

School Policy: All teachers or staff that are trained will sign the Epi-Pen in-service form. The form will be kept in the school office. If a student has an Epi-Pen for allergies to bee or wasp stings, the Epi-Pen will go out on the playground with the teacher or staff member who will administer the device. If a student goes on a field trip the Epi-Pen must accompany the student in the medications bag. Also, it is noted in the substitute folder that a student in the class has severe allergies, and the location of the Epi-Pen should be documented.

Upon administration, 911 will be called (along with parent) and transported to nearest emergency department. A second dose of EpiPen/EpiPen Jr. may be given, if available, if EMS has not arrived or symptoms of anaphylaxis has not abated after 15 minutes.

- Do you agree with the above treatment plan? Yes No
 - o If no, please make modifications to this protocol on your requested medical waiver.

• Parent/Legal Guardian Signature: _____ Date: _____

Other Medical Information:

- Please check any concerns you may have regarding your child’s success in K4:

<input type="checkbox"/> ADHD or ADD	<input type="checkbox"/> Shyness
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Speech/Language Delay	<input type="checkbox"/> Learning Disability
- Is your child potty trained? Yes No If yes, how long? _____
- Does your child need help in the bathroom? Yes No
- I give _____’s K4 teachers permission to help with toileting needs for the current school year.

• Parent/ Legal Guardian Signature: _____ Date: _____



CCA "AT-RISK" POLICY

CCA will NOT release my child to someone who appears to be incapacitated or aggressive for any reason. If a "pick-up" person is suspected of this behavior, CCA staff will notify me to pick up my child to ensure their safety. If I, the parent, is the one showing signs of diminished capacity, a person on my child's pick-up list will be contacted to pick up my child. I understand that if I insist on taking my child with me while in this state of duress, the police will be called to intercept and arrest me for endangering my child. CCA is seeking to provide the safest environment for my child, and I agree to abide by this policy statement.

• Parent/ Legal Guardian Signature: _____ Date: _____

CCA Photograph Release

I hereby grant permission to CCA to take photographs of my child while practicing in school activities. I understand that these photos may appear in forms such as, display panels, teacher-made books, DVDs, CCA website, Facebook and other forms of advertisement used to market CCA. I also understand that I am to receive no compensation for my child's appearance. I also understand that my child's participation confers on me no ownership rights to the photographs or negatives whatsoever.

• Parent/Legal Guardian Signature: _____ Date: _____