

# RETURNING STUDENT

Registration Form Calvary Christian School

2012/2013

Please attach your non-refundable registration fee of \$180 per student.

Name	Sex M or F	Age	Birth Date	Ethnicity	Grade To Enter	Application fee
1.						
2.						
3.						
4.						
					Total Fees:	

**Parent/Guardian Information:**

Child/ren are living with:

- ✓ **Both parents**--both must sign this application for enrollment form.
- ✓ **One parent who has sole custody**--custodial parent must sign this registration form.----- ( **must bring in copy of**
- ✓ **One parent who has joint custody**--both parents must sign this registration form.----- **Parenting Plan**)
- ✓ **Guardian**--copy of legal guardianship must be attached. All legal guardians must sign this registration form.
- ✓ **Grandparents/Family/Friends**--both parents must sign this registration form or a copy of the power of attorney, that grants power to enroll the child, is attached and those named on the power of attorney signing this registration form.

	Name	Address	Phone	Wk./Cell Phone	Receive texts
Father					Y or N
Mother					Y or N

\*\*\*E-mail Address: \_\_\_\_\_

Emergency Contact	Relationship	Address	Home Phone	Wk./Cell Phone

**MEDICAL INSURANCE AND RELEASE FORM**

We agree to be personally responsible for medical costs that our child/ren may incur due to accidents during school time, whether in the classroom, during a school activity or on the school grounds. Initial \_\_\_\_\_\*\_\_\_\_\_

We currently carry Medical and Health Insurance with \_\_\_\_\_ . Policy# \_\_\_\_\_

We currently do not carry Medical and Health Insurance for our child/ren, but we realize we are responsible for any medical costs for our child/ren. Initial \_\_\_\_\_

\_\_\_\_\_**Yes**, I give Calvary Christian school permission to administer a pain reliever when my child/ren experience headache or flu-like symptoms.

\_\_\_\_\_**No**, I do not give Calvary Christian School permission to administer a pain reliever.

Student Name	Adult Tylenol dose	Children's Tylenol dose

Are there any medical concerns or allergies? If yes please initial \*\_\_\_\_\_ Please list on back→

Parents signatures: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Concerns/Allergies

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