

		ADMISSION INFORMATION		CCA Child Admission Info. Form Aug 2016 Pg 1 of 2
		CHILD'S INFORMATION		
Operation Name Creekside Christian Academy CCA		Director's Name Rachel Bartley		Today's/Application Date
Child's First Name	Middle Name	Last Name		Nickname/Preferred Name
Child's Home Address	City	Zip		Child's Date of Birth
Mother's First Name	Last Name	Occupation		Child's Gender
Father's First Name	Last Name	Occupation		Date of Admission
Guardian's First Name	Last Name	Classroom/Age Group		Date of Withdrawal
Religious Preference/Church Membership		1st Parent/Guardian Email		
Child Resides With:		2nd Parent/Guardian Email		
	Name	Relationship		Phone Number or Grade
	Name	Relationship		Phone Number or Grade
	Name	Relationship		Phone Number or Grade
	Name	Relationship		Phone Number or Grade
	Name	Relationship		Phone Number or Grade
	Name	Relationship		Phone Number or Grade

CONTACT INFORMATION

I hereby authorize CCA to allow my child to leave said childcare operation ONLY with the following people. Children will ONLY be released to those indicated below, after verification of ID. Please list them in the order of preference for CCA to contact in the case of illness, accident, late pick-up, or other emergency reason.

Name(s) as it appears on ID	Relationship	Phone Number(s)
Name(s) as it appears on ID	Relationship	Phone Number(s)
Name(s) as it appears on ID	Relationship	Phone Number(s)
Name(s) as it appears on ID	Relationship	Phone Number(s)
Name(s) as it appears on ID	Relationship	Phone Number(s)
Name(s) as it appears on ID	Relationship	Phone Number(s)
Name(s) as it appears on ID	Relationship	Phone Number(s)

EMERGENCY & HEALTH INFORMATION	
Does your child have any known allergies? If yes, please specify allergies and special attention required. If no, please type "No".	Does your child have asthmatic problems? If yes, please specify and list any special attention required. If no, please type "No".

Does your child have any chronic medical conditions, necessitating dietary supplements, restrictions, medication, or avoidance of allergens? If yes, please specify and list any special attention required. If no, please type "No".	Does your child require any restrictions on normal physical activities? If yes, please specify and list any special attention required. If no, please type "No".

Consent to medical care and treatment of minor child.

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone:
Name of Emergency Medical Care Facility:	Address:	Phone:

I hereby give permission that my child may be given emergency treatment, to include first aid and CPR by a qualified staff member of Creekside Christian Academy. I further authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by my child's regular physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right to informed consent to such treatment. _____ Parent/Guardian Initial

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize Creekside Christian Academy to take my child to a hospital, and I agree that I will pay all physicians and hospital bills, and Creekside Christian Academy shall not be responsible for them. _____ Parent/Guardian Initial

ADMISSION INFORMATION

My child is normally in care on the following Days and Times:

Monday - Friday Full Days	from	to
Monday - Friday Half Days	from	to
Tuesdays & Thursdays	from	to
Mondays, Wednesdays, Fridays	from	to

Has your child ever been to school or to another childcare program before?

Yes	No	If yes, where?		
Is your child potty trained?	Yes	No	Currently potty training	Other

Multimedia Release

I give permission to Creekside Christian Academy to photograph, videotape, and/or audiotape my child while participating in daily activities, and to use this media for educational, advertising, website, and social media purposes. Yes No

The above information is true to the best of my knowledge.

Parent/Guardian Signature	Parent/Guardian Printer Name	Date

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514- 0383. (TTY)