

**2021/2022 RCCA Student Enrollment Form**

Enrolling in Grade \_\_\_\_\_ for 2021/2022

\*\*\* Please check if applicable: \_\_\_\_\_ My child has an IEP.

Child's Name \_\_\_\_\_ M/F D.O.B. \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_ School District \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Cell # \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_

**Emergency Contact Information:** (Ohio Dept. of Ed. requires two local names in case parents cannot be contacted)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Divorced or Separated Parents:** Please designate the legally responsible person \_\_\_\_\_.

*\*Appropriate Custody or Restraint Papers must be attached.*

**School Age Child Care and Transportation:** Families are responsible for setting up their own transportation to and from school each day. Each school district determines whether or not they will provide busing to and from RCCA. Before and After Care is available at a cost. Please fill out the information below.

- \_\_\_ My child will be riding a school bus from (Zane Trace) school district. \_\_\_am \_\_\_pm
- \_\_\_ My child will be in **before care** at RCCA.
- \_\_\_ My child will be in **after care** at RCCA.
- \_\_\_ My child will only use before or after care at RCCA in the case of an emergency and I will notify the school.

The following people may pick up my child from school or school related events (Names /Phone Numbers):

\_\_\_\_\_  
\_\_\_\_\_

The following people may **NOT** pick up my child from school or school related events: \_\_\_\_\_

\_\_\_\_\_

**Emergency Transport:** Please complete part I or part II ---- **DO NOT COMPLETE BOTH PARTS**

\_\_\_ Part I: I give permission to RCCA to transport the above named child to \_\_\_\_\_ Hospital, or to \_\_\_\_\_ Dental Clinic, or to the nearest available source of assistance for emergency medical care.

\_\_\_ Part II: **I DO NOT** give permission to RCCA to transport the above named child (this includes the emergency squad) for medical emergencies. In the event of illness or injury which requires emergency medical or dental treatment. I wish the school to take the following actions:

**Health Information:**

1. List all allergies and special precautions/treatment (foods, environmental, medications):  
\_\_\_\_\_
2. List medications, food supplements or diet modifications currently being administered to the child:  
\_\_\_\_\_
3. List recent hospitalizations, surgeries, scars and/or birthmarks:  
\_\_\_\_\_
4. List any reasons that your child may have for not participating in normal school activities:  
\_\_\_\_\_
5. Check any illness your child has had: \_\_\_ Mumps \_\_\_ Measles \_\_\_ Chicken Pox \_\_\_ Hepatitis
6. Does your child have: \_\_\_ Glasses \_\_\_ Contacts \_\_\_ Hearing Aid \_\_\_ Braces \_\_\_ Other

**Permission to Medicate:**

\_\_\_ I give permission for my child to be given Tylenol, Tums or Cough Drops by the school nurse or school secretary.

\_\_\_ I **DO NOT** give permission for my child to be given Tylenol, Tums or Cough Drops by the school nurse or school secretary.

*\*If your child needs any other type of medication dispensed you must fill out a form and bring the medication to the school office to be secured.*

**Release of Information:** \_\_\_ I Do \_\_\_ I **DO NOT** give permission for RCCA to release my name and phone number to parents of children in my child's classes.

**Media Release:** \_\_\_ I Do \_\_\_ I **DO NOT** give permission for my child to be included in videotaping or photos carried out in the classroom.

**Church Membership:** \_\_\_ Yes \_\_\_ No (If yes, what church?) \_\_\_\_\_

**School Transport:**

I hereby give permission for my child to be transported for school activities and/or child care using the transportation provided by RCCA. I agree that as long as the school, its employees and its volunteers act in a reasonable and responsible manner, my child and I will not hold them responsible for any consequences that may arise related to that transportation and/or activity.

**Signatures**

I have read and reviewed the policies and procedures of the Ross County Christian Academy, and agree to abide by these policies. I also agree that this form accurately describes the actions I would like taken on behalf of my child.

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