

Ross County Christian Academy Information Form 2019/2020 Grade _____ Teacher _____

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

* _____ If available I want busing from my 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 _____ school district. ___ am ___ pm
- ___ My child will need to ride the RCCA shuttle bus between school campuses. ___ 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 _____