

Ross County Christian Academy Pre-School Information Form 2019/2020 Teacher _____

Child's Name _____ M or F D.O.B. _____ Age _____ On start of school. _____

Address _____ City/Zip _____ Home Phone _____

School District _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Email _____ Email _____

Cell # _____ Work# _____ Cell # _____ Work# _____

Employer _____ Employer _____

Emergency Contact Information: (O.D.E. requires two local names in case parents cannot be contacted)

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Divorced or Separated Parents: *Appropriate Custody or Restraint Papers must be attached.*

Please designate the legally responsible person _____

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: _____

Pre-School Schedule Request: *Students may attend 3, 4 or 5 days per week.*

(Note: Young 5 class is 4 or 5 full days a week)

Circle the days your child will attend pre-school and length of day:

Monday Tuesday Wednesday Thursday Friday

A.M to 11:20 / A.M to 12:00 Noon / P.M Half Day / Full Day

Child Care: Before and After Care is available at a cost. Please fill out the information below.

___ My child will be in **before care** at RCCA (6:30-8:00).

___ My child will be in **after care** at RCCA (3:15-5:30).

___ My child will only use before or after care at RCCA in the case of an emergency and I will notify the school.

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 Poxs ___ Hepatitis

6. Does your child have: ___ Glasses ___ Contacts ___ Hearing Aid ___ Braces ___ Other

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?) _____

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 _____