

**Ross County Christian Academy Pre-School Information Form 2021/2022** 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 \_\_\_\_\_

Siblings at RCCA: \_\_\_\_\_

**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.*

**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 Pox \_\_\_ 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 \_\_\_\_\_