



Calvary Christian Academy

"The Eagle's Nest" REGISTRATION FORM

2010-2011 School Year

Program Director, Mrs. Denise Gibson

2311 Tower Place, Hampton, Virginia 23666 • (757) 825-1133 ext. 226 • FAX (757) 825-8771

STUDENT INFORMATION

Child's Name: _____ DOB: _____ Grade: _____ Sex: _____
Last Name First M. I.

Home Address: _____ Phone: (____) _____
Street City State Zip

Transportation Information:

School Name: _____ Teacher's Name _____

School Address: _____ Phone: (____) _____
Street City State Zip

(AM) School Arrival Time: _____ (PM) School Departure Time: _____

Father/Guardian Information:

Name: _____ Employer: _____

SSN: _____ Work Phone: _____ Cell/Pager: _____

Email Address: _____

Lives with Student: ____ Yes ____ No

Mother/Guardian Information:

Name: _____ Employer: _____

SSN: _____ Work Phone: _____ Cell/Pager: _____

Email Address: _____

Lives with Student: ____ Yes ____ No

FOR OFFICE USE ONLY

Registration Date: ____/____/____

Starting Date: ____/____/____

of children attending program: _____

Payment Amount \$ _____

Paid Registration fee: Yes No

Paid 1st Cycle: Yes No

Tuition Payment Agreement Signed: Yes No

Registered by: _____

EMERGENCY INFORMATION

Please list three responsible relatives or individuals who may be contacted in an emergency and are authorized to pick up your child.

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TRANSPORTATION INFORMATION

Please list all persons authorized to pick-up your child:

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CHILD'S HEALTH AND SOCIAL INFORMATION

Please provide information relative to the general health of your child.

Is your child on a special or restricted diet or have any food allergies? _____ Yes _____ No
If yes, please explain.

Does your child currently take any medications that may alter his/her behavior?
(i.e. Albuterol, Ritalin, etc.) If yes, please explain. _____ Yes _____ No

Does your child have physical limitations? _____ Yes _____ No
If yes, please explain.

Can your child effectively communicate his or her needs?
If no, please explain

____ Yes ____ No

Has your child ever been in a childcare setting?
If yes, what kind?

____ Yes ____ No

Does your child have an existing condition of which we should be aware?
If yes, please explain.

____ Yes ____ No

Does your child require any medication, therapy, medical treatment
or assessment while in the program?
If yes, you will be responsible for administering medication.

____ Yes ____ No

Does your child use special equipment, such as breathing machine, hearing aid, braces, etc.?

____ Yes ____ No

What are your child's interests? *(Check all that apply)*

Sports Science Drama Art Cooking Other _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Health Insurance Carrier: _____ Policy # _____

Policy Holder: _____ Relationship _____

PARENTAL CONSENT FOR TREATMENT

This is to certify that I/We have Hospitalization Insurance with:

Company: _____ Policy Number: _____

Do we have permission to give any medical treatment necessary to your child (ren) in case we are unable to contact you?

- Yes
 No

Any exception? Please specify: _____

The Parent/Guardian will be responsible for picking up an ill child immediately upon notification from the staff.

I/We the undersigned, do hereby authorize that the certified medical center/hospital is given the authority to render necessary medical services to my/our child (ren) which results, directly or indirectly, from his/her participation in trips, programs or activities by CCA's *The Eagle's Nest* and I/we, the undersigned, also hereby agree to be responsible for such charges made by medical center/hospital, doctor, ambulance, etc., in providing such medical services as are referred to above.

Parent/Guardian Signature

Date

PARENT/GUARDIAN INVOLVEMENT

We believe in a strong partnership between parent and staff. CCA's *The Eagle's Nest* has the following avenues to facilitate communication among parents.

- We always like to know what you think. If you have a question, concern, or suggestion, please leave a note, or call the Program Director (757) 825-1133 ext. 226 between 6:30 - 10:30 a.m. and 2:00 - 6:00 p.m.
- You are always welcome at CCA's *The Eagle's Nest* Program. You are welcome to come and spend time with us!