



Columbus Christian Academy

“Educational Excellence for Christ”

Date Application Completed _____

CCA Preschool Student Application

Child Information

Name: (Last) _____ (First) _____ (Middle) _____

Name goes by _____ Male / Female _____ DOB _____

Student Age as of August 31

3 4 5

Physical Address _____

Mailing Address _____

Family Information

Father/Guardian's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____ Email _____

Address (if different from child's) _____

Mother/Guardian's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____ Email _____

Address (if different from child's) _____

Marital Status: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

Who has primary legal custody? Father _____ Mother _____ Joint _____ Other _____

MUST PROVIDE LEGAL CUSTODIAL DOCUMENTS

Religious Information

Church Attending _____ Denomination _____

Father - Christian? Yes _____ No _____ Mother - Christian? Yes _____ No _____

How did you learn of CCA Preschool? _____

Why did you choose CCA Preschool? _____

Do you have other children attending CCA? _____

Scholastic Information

Please place a check mark by the option for which you are applying:

K3 2 Day _____

K3 3 Day _____

K3 5 Day _____

K4 5 Day _____

Student Name: _____

Health Care Needs

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes _____ No _____

List any allergies and the symptoms and type of response required for allergic reactions -

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns -

List any particular fears or unique behavior characteristics your child has -

List any chronic illness your child has and any medication taken for that illness -

Share any other information that has a direct bearing on assuring safe medical treatment for your child -

Has your child received all the required immunizations? Yes _____ No _____

****Record of current immunizations or waiver is required for attendance****

Please give any information concerning your child which will be helpful in their experience in a group setting - such as playing, eating and sleeping habits, special fears, special likes or dislikes.

Emergency Information

Name of Healthcare Professional _____ Phone _____

Hospital Preference _____ Phone _____

Persons to be called in case of emergency if parent(s) cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signed _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent/guardian.

Signed _____ Date _____

I have read all the informational materials provided and agree to abide by the academic and disciplinary policies and regulations of the school; and to require that my child give full cooperation to the specifics and spirit of those regulations.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____
