

### **APPLICATION FOR ADMISSION**

## **Student Information**

Student's Legal Name in I	Full: _						
	L	ast		F	irst	M	iddle
Address							
Number and Street				City and S	State	Zip	
Birth Date// Month Day Yea		Male	Female	e			Birthplace
Student lives withFat Other (Specify)			-		_Stepm	other	
School Last Attended Address of School							
	N	umber and Stre	eet	City ar	nd State		Zip
<b>Family Information</b>							
Father's Name		Mc	ther's Na	me			
Address		Ad	dress				
Occupation		Occ	cupation _				
Employer		Em	ployer				
Business Phone		Bu	siness Ph	one			
Email Address		Em	ail Addre	ess			
Cell#		Cel	1#				
ome Phone Home Phone							
MarriedDivorce	ed	Widowed	Sep	arated _	S	lingle	
<b>Brothers and Sisters in</b>	Famil	y A	ge	Grade	e Sch	ool At	<u>tending</u>
Name							
Name							
Name							

#### PARENT QUESTIONNAIRE

What prompted you to apply for enrollment at Crosswater Christian Academy?

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Other persons authorized by the parents or guardian to take the child from the facility: (if different from above). If none, indicate, "None".

Name and address	Phone	Relationship
Name and address	Phone	Relationship

\*Special Instructions regarding eating habits, toilet training or other areas of concern:

# NOTICE:

Please return of this application/s, along with the registration form and fee for each child that you desire to enroll in Crosswater Christian Academy. Student & book fees are due on upon registration.

All required notarized papers, birth certificate, immunization, physical and enrollment packet are due before your child enters school (There is a 30 day grace period for immunization and physical forms for children moving in from out of state, please notify the director of the delay.)

DATE YOUR CHILD WILL BE ENTERING CCA: \_\_\_\_\_

# **GENERAL INFORMATION**

CHILD'S LEGAL NAME	NICKNAME
DOES YOUR CHILD SEEM TO BE MORE	LEFT OR RIGHTHANDED
CIRCLE THE CONTAGIOUS DISEASES YOU MEASLES MUMPS CHICKEN POX SCARLET I	
WHAT FEARS DOES YOUR CHILD HAVE A WITH THEM?	
DOES YOUR CHILD TAKE A NAP?	
WHAT ARE YOUR CHILD'S EATING HABIT	S?
DOES HE/SHE HAVE ANY ALLERGIES?	
HOW DO YOU DISCIPLINE YOUR CHILD? _	
CIRCLE BEHAVIORAL HABITS: NAIL BITING TANTRUMS, OTHER:	G, FINGER SUCKING, BITING, TEMPER
HOW DO YOU WORK WITH YOUR CHILD F	REGARDING THIS?
DO YOU READ TO HIM/HER? WHAT A AND STORIES?	
DO YOU HAVE ANY LEARNING/ACADEMI	C CONCERNS?
ANY OTHER CONCERNS?	



AT CROSSWATER CHRISTIAN ACADEMY WE CONSIDER YOUR CHILD'S SAFETY AND THE SAFETY OF OUR STAFF OUR HIGHEST PRIORITY. THEREFORE IT IS CRITICAL THAT WE KNOW WHO IS ENTERING OUR BUILDING AT ALL TIMES. WHEN YOU PUT IN YOUR CODE AND RELEASE THE DOOR MAGNET YOU ARE NOTED AS THE PERSON WHO IS ENTERING THE BUILDING AND IT IS YOUR RESPONSIBILITY TO MAINTAIN THE INTEGRITY OF THE DOOR LOCK.

PARENTS MUST USE THE OUTER KEY PAD TO ACCESS THE BUILDING AT ALL TIMES. THE DESK KEYPAD IS NO LONGER AVAILABLE TO CODE IN.

<u>PLEASE DO NOT ALLOW ANYONE ELSE TO ENTER WITH YOU. EACH PARENT</u> <u>MUST ENTER THEIR CODE TO UNLOCK THE DOOR</u>.

THIS IS ESPECIALLY IMPORTANT IF YOU DO NOT KNOW THE PERSON AT THE DOOR WITH YOU.

PLEASE SIGN BELOW THAT YOU HAVE READ AND AGREE TO ABIDE BY THE ABOVE ENTRY REQUIREMENTS.

MOTHER

FATHER

-OR-

**GUARDIAN** 

DATE

## **INFANT ROOM POLICIES**

Please do not walk into infant room with shoes on. We try to keep the coming and going of persons to a minimum as this tends to agitate the infants. If you need to come in to rock or nurse your baby, please remove shoes or put on the booties that are supplied by the door. It is helpful for the teacher to have a general schedule for your child. However, please understand that the infant room is not as quiet as home and their schedules may change slightly. Please be aware that we <u>do not</u> subscribe to the Baby Wise method at our Academy and will not adhere to that practice with any infant in our care. If you are unsure if your infant care methods will sync with our practices please inquire with administration.